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ORIGINAL ARTICLES.

GASTRIC AND DUODENAL ULCERS.

BY C. ZBINDEN, M. D., TOLEDO, O.

THE work of recent years has added considerably to our knowledge of gastric and duodenal ulcers. We have learned to better interpret the symptoms which these and other diseases of the organs produce, and are thereby better able to institute efficient treatment. In this artlcle we will omit its etiology and pathology and proceed to the consideration of its symptomatology, its diagnosis and treatment. It must be conceded that while typical cases are easily diagnosed others present great difficulty, and sometimes only an exploring opertion reveals the real condition.

Epigastric pain, vomiting and hæmorrhages are the most prominent symptoms. Belching, heartburn, a tender spot in the epigastrium and a similar one in the back are also often present. Pain varies greatly in character, it may be only a gnawing or burning sensation, or it may appear in paroxysms of the most intense gastralgia, says Osler, and other writers agree with him. But as to the relation of the periods of digestion to the appearance of pain the statements are contradictory. The writers of twenty and ten years ago say the symptoms of ulcer are those of gastric catarrh, the pain comes on soon after eating and lasts until digestion is completed, while, at present, we are taught that in ulcer it appears when the stomach is empty, and is relieved by eating. A German writer in 1887 said the pain begins a few minutes after meals and lasts one or two hours or until digestion is ended. Attacks of gastralgia occur after the ulcer has existed for some time. Goodno, in 1895, says the same. Pain ordinarily occurs soon after eating and ceases when digestion is ended, says Cowperthwaite in 1901. The pain starts or increases after meals and lasts during digestion, says Jousset in the same year. Anders, in 1903, says the paroxysms of pain usually come on almost immediately after eating, occasionally one or two hours later, and disappear quite promptly when the stomach is emptied by the end of digestion or by vomiting. Osler, to the contrary, already in 1898, wrote "the pain is particularly felt when the stomach is empty, and is relieved by the taking of food. But the paroxysms of severe gastralgia are most frequently induced by taking of food, and they may recur at a variable period after eating, sometimes within fifteen minutes, at others as late as two or three hours. It is usually stated that when the ulcer is near the cardiac the pain is apt to set in earlier, but there is no certainty on this point."

Many valuable points we can learn from Cabot, Differential Diagnosis, 1912. He describes a case in which the pain was never worse after eating, and which he diagnosed as peptic ulcer, gastric or duodenal. The patient was operated on and an ulcer was found on the posterior walls of the stomach. Another patient with a duodenal ulcer, as proved at operation, had pain when working, never when at rest, and the pain had no relation to the time of eating. Another patient has attacks of epigastric pain, radiating to the back and abdomen, always relieved by vomiting; he insists that he is all right if he keeps quiet, but that he finds it hard to get along if he tries to work. At operation two gastric ulcers were found, one 4 c.m. above the pylorus, the other just above the pyloric ring. In another case a gastric ulcer was found at autopsy, which had not caused any symptoms during life, except perhaps anæmia. One patient with a duodenal ulcer said walking on hard pavement or hard floors causes pain in the right upper quadrant of the abdomen. Hard pressure against the painful area relieved the pain. Another patient stated that about a year ago the pain began to come regularly between 10 and 12 A. M. and 4 and 6 P. M. Cabot says: "Here is a history nearly typical of duodenal ulcer." The patient was operated on, but no ulcer was found. The diagnosis was, therefore, changed to hyperchlorhydria. One of the wisest clinicians said: "In my experience hyperchlorhydria generally spells duodenal ulcer." This Cabot admits, but with reserve for exceptions. He says: "In gastric ulcer we expect to find some relief after eating. If the pain comes on at a time when the stomach is empty it suggests hyperchlorhydria or duodenal ulcer."

Here are some quotations from different journals and books: In the earlier stages of ulcers there are usually long periods of freedom from symptoms and marked relief (even during the acute stage of the disease) immediately after the taking of food. Abdominal pain or distress is a constant symptoms in gastric ulcer. Nearly 75 per cent. of the patients have spells or attacks of dis-

comfort, with periods of good health between. Such a history may extend over thirty years without alarming clinical manifestations. The attacks are usully called biliousness or dyspepsia. Following food ingestion the great majority of cases show pain within four hours. Forty per cent. have hæmorrhages, vomiting occurs in 75 per cent. The syndrome of pain in the stomach, heartburn, belching and sour eructations, coming on from one to four hours after meals, and relieved by the ingestion of food or by vomiting, were formerly called hyperacidity, but the extensive experience of surgeons, notably Moynihan, the Mayo brothers and others during the past few years have shown them conclusively to be ulcers, whether the classical symptoms as hæmorrhages and tender points are present or not.

Moynihan wrote in 1908 about the characteristic symptoms of duodenal ulcer: The patient will tell you his troubles come on in attacks, which are nearly always worse in winter than in summer. He makes a meal at 8 A. M. and from two to two and a half hours after he is fairly comfortable. At the end of that time he has a feeling of distress in the epigastrium, he feels full and heavy and may get some relief from belching of gas. Some of those patients develop a habit of belching. They may bring up a very sour fluid, which tastes very bitter and acid. (To this Moynihan applied the name of hunger pain.) At the next meal the patient almost instantly gets relief, and that relief persists as before. He probably eats a heavy dinner and eats again something before going to bed. He sleeps comfortably until about 2 A. M. He then gets relief from nibbling a biscuit. If these symptoms are persistent you can diagnose duodenal ulcer.

Loss of body weight is often quite marked in ulcer patients, and while it turns the diagnosis more towards cancer, it does by no means exclude ulcer. Cabot says a patient may lose one-fifth or one-fourth of his weight in a few months by gastric ulcer. Hæmorrhage occurs in, at least, one-third of all cases, perforations in 28 per cent., says Musser. Osler says the surgeons have proved that the disease is much more common than medical and pathological statistics indicate, and that duodenal ulcer is much more numerous than gastric ulcer. The surgical statistics, now amounting to many hundreds of cases, have sent our medical statistics to the scrap heap.

Duodenal ulcers are more dangerous to life than gastric on account of the more frequent occurrence of fatal hæmorrhages and perforations.

The treatment is medical and surgical, according to conditions of ptients. I refer the readers to the text books for advice about the whole management of the disease, which must include diet and regulation of the mode of life as well as administration of medicine, and will make only a few remarks about the present practice in the allopathic school. By them Bismuth is the principal remedy, and after experimenting with different salts of this metal they have settled upon the sub-carbonate. This is used in large doses, thirty grains, three times a day, or sixty grains once a day. With this it is intended to give to the ulcer a protecting coat of Bismuth, the same as by applying it as dusting powder to an ulcer at the surface of the body. I have treated a number of cases with doses of two grains every three hours and in a few weeks they were apparently cured.

At a session of a medical society different speakers made remarks, as follows: In the absence of perforation the treatment should be medical to begin with. Submit the case to medical treatment for six or eight weeks; if no relief follows, then call in a surgeon. A large number recover, if properly handled. Seventy to seventy-four per cent. can be cured by medical treatment. Another speaker has his doubts about those seventy per cent. of cures, and believes many of those persons will come back after six or ten years with the same old trouble. Acute, now perforating ulcer, should be exempt from incision. Rest, regulation of diet, bismuth and epinephrin make up most of the treatment. The patient should be under observation a year or more. For hæmorrhage morphine is the best agent. Acute hæmorrhage is not always an indication for surgical treatment, repeated hæmorrhage demands operation. Patients may recover from acute ulcers, but they nearly always recur. The chronic ulcer is always surgical. Two useful articles appeared in the J. A. M. A., September 28, 1912, one about a new method of treatment of ulcer of the stomach, by Dr. J. W. Weinstein, and one on hunger pain, by Dr. A. A. Jones.

Assuming the statement as correct, that 70 out of 100 of those patients recover under medical treatment and 30 do not, the question arises: What becomes of those 30? The answer is: They have to be operated on. And what prospects furnishes surgery for them? It is admitted that the operation has its dangers, the operative mortality is estimated to be 1.4 per cent. One writer relates the tragic outcome of two cases, where the patients died in the prime of life after being operated on for gastric ulcer. Cabot reports the case of a man, who was operated on for a supposed disease of the kidney. At operation the kidney was found healthy and a gastric ulcer was found instead. The patient died a few days later of tetanus. Cabot remarks: In the retrospect we say to ourselves for the hundredth time that a major operation should never be lightly undertaken. Dr. Kehr writes in the Münchener Med. Wochenschrift that in Germany they do not operate so often for peptic ulcer, as they do in England and America, not that the German surgeons are less skillful in operating, but because they believe a sleeping lion ought to be let alone.

The prospects by surgical treatment are stated by a surgeon, Dr. A. A. Berg, in the March 22,

1913, J. A. M. A. as follows: It is generally conceded that gastroenterostomy exercises a favorable influence on open ulcers of the stomach situated in the antrum or at the pylorus and on open ulcers of the duodenum. It is likewise recognized that this procedure has no effect on ulcers situated in parts of the stomach other than those mentioned. It is, furthermore, admitted that the good effects of gastroenterostomy on ulcers in the antrum, pylorus or duodenum are not always lasting; that recurrence or recrudescence of the ulcer takes place in, at least, 45 per cent. of the cases. Dr. Berg then goes on and proposes an improvement in the operation.

I do not feel competent, with my limited experience, to form any definite conclusions. My object in writing this paper was to assist the reader in making a correct diagnosis, conforming with the present state of knowledge, and to forget many things we have learned in the past. In our materia medica we can find the remedies indicated in these cases, but I believe that bismuth deserves a more prominent place in the list as has so far been assigned to it. Other remedies may be added from time to time, as our knowledge expands. Besides that we ought to be ever watchful to recognize conditions in which internal treatment will fail and surgery alone can accomplish anything.

INTRAVENOUS MEDICATION.

BY W. N. FOWLER, M. D., KALAMAZOO. MICH.

THE tremendous strides made in the practice of medicine and surgery during the last ten years have crowded the progressive physician's hours so full of study in order that he may keep up with the new discoveries, many have been forced into lines of work quite foreign to their expectations, and the treatment of chronic diseases quite naturally falls to the lot of the student of Hahnemann, and often *he* has wandered away into the new field to find himself following the same law after a new method.

Who of us will not (when he sees some brother of another school using successfully a treatment that is able to cure some poor mortal where we have failed) be anxious to know the secret of the other's success? nd how many times a careful analysis of the same will show that it is but a new manifestation of the law of the similars.

What is disease? Some one shouts infection! Well, then, what causes infection? The answer to this comes not quite so promptly, but I think that you will admit that we have first a condition of lowered vitality.

What causes lowered vitality? Answer, A disturbed relation of the molecules that go to make up the structural cell.

Before any organic disease there is a period often for a considerable time of disturbed function with no discoverable pathological lesion.

A disturbed relation of the molecules of the tissue salts which go to make up the body cells calls for help to eliminate an excess of one or supply a deficiency of another. In attempting to supply this deficiency of a certain salt we often fail to get the desired results, because the salt in excess prevents its entrance, and the presence of a third salt is needed to give the cell a thorough shaking up in order to re-establish a normal balance in the cell.

This third salt is not always a physiological tissue salt, as in a case of syphilis when it is supplied in mercury or the new carbons of arsenic. Ehrlich has shown that these compounds are valuable alternatives in the obstreperous syphilitic cases. For years we have relied on the mercurial preparations, but his researches have shown that the carbon compounds are more vigorous and the results of the cell gymnastics are immediately observable and almost miraculous in their ability to eliminate symptoms.

Close observation demonstrates that arsenic alone is unable to keep these refractive cells in normal condition, but with our faithful mercury doing police duty we are able to keep up the good work after the carbons of arsenic have whipped them into line.

There are several of these arsenical preparations, some of which have produced serious symptoms, and deaths have been reported from the large doses of arsenic which they contain.

Cacodylate of soda in doses of from three to seven grains, so far as I have been able to learn, has produced no serious symptoms; the slight œdema for a few hours has been observed in two of my cases receiving three grains every four days, and the manifestations of the disease begin to clear often after the first treatment.

Would you go on indefinitely giving small doses of mercury to a case of primary syphilis until the patient left you in disgust for some other physician if you knew how you could by a little study and thought master a remedy that dould remove the lesion in a few days? It's the external manifestation of the disease that the patient wants to be rid of, and if you can do this you gain their confidence and are able to hold your case until you can effect a cure. Wouldn't you as a successful business man and a progressive physician accept the new remedy and use it without waiting to learn whether its action is in accord with the law of the similars.

The first thought of every physician should be to help suffering humanity and use any means to that end.

Many cases come to us as physicians whose troubles we can recognize without going into detail, malnutrition, depraved blood, and low vitality.

Have you ever noticed how many of these cases have subnormal temperature? This means deficient oxidation and loading up of the tissues with poisons of metabolism. These cases have very poor assimilation, and we should not expect

much from drugs given by the mouth in such cases. Many of our failures are not from the improper selection of the remedy but from no assimilation of the drug or possibly from old drugs that have deteriorated while standing on our shelves. I wonder how many are making dilutions from the same old bottles of Aconite they have started with years ago, when it has been conclusively proven that tincture of Aconite will in three months' time lose nearly half its strength?

After more than twenty years of practice and close observation I am led to believe that many of our failures are due to lack of assimilation and inert drugs. Following this conclusion I have cast about for good drugs and other methods of administration. I have used the hypodermic method with fair results, but later following some good advice and with considerable trepidation, I began using the intravenous method, and, as my experience increases, I become more enthusiastic as results have been so prompt and effects lastings.

Iron, Phosphorus, Calcium, Potassium, Magnesium, Sodium, Nuclein, also Arsenic, Mercury, Kreosote, Guaiacol and Salicylates go directly into the blood stream in perfect harmony and the results are often quite marvelous. Now I hear some one object that it's not Homœopathy! Well, perhaps not, but have we not accepted Schuessler's, Dewey's and Boericke's teachings of the use of the tissue remedies? What are these but tissue salts? Except for Arsenic, Mercury, Kreosote, Guaiacol and the Salicylates, which are used in the presence of special indications, portions of which are undoubtedly broken up and converted into assimilable salts as evidenced by Arsenic in the Cacodylate of soda, body chemistry is yet so little understood we cannot deny that the last mentioned drugs are converted into tissue salts though they have not yet been isolated from the tissues.

Dose and manner of administration are but matters of individuality.

Watching these cases closely my observations lead me to believe that though we often throw into the blood stream an excess of a certain salt the circulatory conditions are such that the excess of any salt in the blood is quickly eliminated and salts that are deficient are as quickly taken up and the Arsenic and Mercury in the cases where indicated are taken up and converted into elements to maintain a perfect balance in the relation of the molecules within the cell.

To many of you this may be a new subject, to none of us is it a very old one, but I can assure you it becomes an interesting one the better we become acquainted with it.

Friedmann with his new cure for tuberculosis is just at present in the spot light. Ehrlich is just passing from the stage, and 606 is almost in the discard. Every Homœopath has had some very remarkable results with the indicated remedy. I can recall a case of chronic headache cured with a single dose of Lycopodium 6x. One of the worst cases of eczema I ever saw was cured with Bacillinum 200th potency, and another case equally as bad cured with Cantharis 30th. Also a case of tubercular adenitis cured with Tuberculinum. We have all had these experiences, also we have had some lamentable failures, and I think that the most of us have learned lessons from them, and because of which I sought new methods.

I am frank to admit that I approached my first attempt at intravenous medication with fear and trembling; fortunately it was not a difficult one, and entrance into the vein was easily effected with no untoward results to the patient. It was a case I did not attempt to diagnose; other physicians had called it cancer of the pylorus. I could not find any induration, but there was tenderness, some pain, vomiting and cachexia, patient was starved, weak and anæmic, pulse 90, temperature 97° to 89°, and very much exhausted.

I began treatment with 5 c.c. doses of my solution No. 2, at weekly intervals. There was almost immediate response and the patient gained 6 pounds the first two weeks pain gone, appetite returned, digestion improved and patient could eat everything; color returned, and after five treatments the patient left for Iowa to spend the winter with an invalid sister. I regret the fact that I failed to make a blood count in this case as the results were so splendid.

Case No. 2.—Diagnosed by previous physicians as tuberculosis, I failed to confirm the diagnosis. Patient was markedly neurotic with all the attending symptoms of neurasthenia, including a very bad alimentary tract. I gave this patient 5 c.c. of my solution No. 1, and two at four-day intervals, 12 treatments in all. During the 7 weeks she was under treatment she gained 14 pounds. She then went to West Virginia to spend the winter with her parents, and at the end of the first month there she wrote me that she had gained another 8 pounds, and was feeling fine.

I have now treated many cases and quite a variety. One case of syphilis with secondary lesions which cleaned up quickly with alternate treatments with solution No. 2 and 3, after I had exhausted my knowledge along other lines, during which time the condition had grown steadily worse. In a case with tertiary lesions response was not so prompt, but is now doing nicely.

No. 3.—A well developed case of tuberculosis with all the attendant symptoms, marked dullness in the apex of right lung with tenderness on percussion, rapid emaciation, dry, hard racking cough, no appetite, with vomiting of food, occasional night sweats, no expectoration so no examination of sputum, but the case presented all the ear-marks as well as the symptoms.

The day I gave the first treatment the afternoon temperature was 103° with a pulse 124. No. 1 solution was used and repeated; in four days after the third treatment the temperature was 99.1°, pulse 94, appetite returned and stomach condition improved. Solution No. 2 was now alternated with No. 1 with the addition of 2 c.c. of nuclein. The stomach was now able to take care of all nourishment, all symptoms rapidly disappearing and the patient is steadily progressing towards recovery.

You are all familiar with the pathology of tuberculosis. I cannot give you a satisfactory explanation of how this treatment produces these splendid results. We do know that the remedies go directly into the blood stream and are carried at once to the tissues. Definite proof has not been furnished that the specific germs are destroyed in the tissues, yet, personally, I am of the opinion the action of the remedies is to stimulate the action of the leucocytes and the germs are burned up by the oxygen in the blood as soon as normal cell action is restored.

What difference does it make so long as the disease is controlled and the patient recovers?

Very many of these chronic cases are drugged by mouth until the stomach not only refuses to take more but is also unable to retain food. How can we expect to obtain results in cases of this kind by the usual methods of medication.

The technic of intravenous medication is simple, but the formulas must be carefully prepared with all aseptic precautions. Many a valuable discovery has been given a black eye by being handed out indiscriminately through our medical journals. How many of us have seen a careless doctor administer a hypodermic in such a dirty, shiftless manner that we wonder how the patient can possibly escape infection. I leave it to you, would it be advisable to such a physician to administer an intravenous treatment without first attempting at least to impress upon him the necessity of cleanliness and more even than that? Does the dirty, careless physician make a successful surgeon? Most assuredly not. Then why should we encourage such a physician to use a method of drug application, special care and cleanliness and strict asepsis by handing out indiscriminately a valuable method of treatment whose usefulness might forever be destroyed by a few of these careless men, for they are good knockers when things go wrong. Like the physician who gave drams for grammes of 606, and then knocked the treatment through medical journals because his patient died. He failed to realize that he killed his patient.

I shall be glad to furnish to interested physicians my formulas and describe my technic, though I feel that this paper is not the place for it.

In conclusion, I make the admission, It may not be good homœopathy, but it's good business, it gets results, that pleases the patient, and it gets the money and we all need it in these days of high cost of living.

Let us not be narrow, let us embrace anything that will hasten the restoration to health of suffering humanity. We should use any method that is a means to that end. Yes, let us be homœopaths, but above all, let us be physicians.

W. N. Fowler.

Kalamazoo, Mich.

Each 5 c.c. of my solution contains approximately:

Calcium Kreosote	10 grs.
Sodium Salicylate	2 1/6 grs.
Phos. of Iron	2½ grs.
Phos. of Potassium	1/6 gr.
Phos. of Magnesium Glyc.	1/5 gr.
Sodium Chloride	1/5 gr.

EUGENICS; OR THE RIGHT OF THE CHILD TO BE WELL BORN.

SARAH E. FLETCHER, M. D., COLUMBUS, O.

THIS paper makes no claim to a scientific investigation, it being only a record of such facts and data as could be gleaned in the so-called leisure hours of a busy woman, from the writings of present day authorities on the subject of Eugenics.

It is a subject so broad in its scope—one which can be approached from such various angles, that the practical application of its teachings is hailed by one advocate as the dawn of the mellennium in the evolution of the race, while another, in the spirit of scepticism and with words of ridicule, labels it the "pipe dream of harmless idealists and ill-balanced faddists."

For the sake of brevity we will consider it under three different heads:—

1. Origin and definition of eugenics.
2. The necessity for race improvement.
3. Methods proposed and results hoped for.

In 1865 Gregor Johann Mendel, an Augustinian monk and botanist, through experiments in plant hybridization, discovered that a definite law controlled the transmission of certain charists, De Vries, Corren, and Tschermac, experiments were made with the common garden pea. He made crosses of the different varieties for the purpose of determining in what proportion a character, such as length of stem in one variety, when mated with shortness of stem in another variety, would appear in the cross, or offspring. As a result he announced a definite law of inheritance, by which one can determine with regard to a given character what proportion of the offspring will inherit it.

Mendel's manuscript recording his discovery lay unnoticed in the archives of the Natural History Society of Brün, Austria, until 1900.

In the spring of that year three notable botanists, De Vries, Correns, and Tschermac, experi-

menting independently, published manuscripts confirming Mendel's discovery. These publications gave a new impetus to an idea which had been germinating in the public mind for more than 40 years, and botanists and horticulturists were stimulated to renewed experiments.

Since 1900, plant genetics has grown by leaps and bounds. Burbank has given us the Burbank potato, the Lawton blackberry, a new English walnut, and a spineless cactus. We have wheat which is more prolific than the common variety, and rust-proof; a variety of cotton of superior fibre, and which is immune to the boll weevil; as well as many other varieties of plants, fruits and vegetables. All this has been accomplished by mating and cultivating those plants which present the desired Mendelian characters.

Breeders have been quick to take advantage of the law, and have applied it to the propagation of animals. Very superior breeds have been produced within the last ten years.

The application of Mendel's law to human genetics is now attracting world-wide attention among scientists, philanthropists, and those interested in the improvement of the human family.

Sir Francis Galton has embodied extensive research work in his book, entitled "Hereditary Genius." He was an enthusiast on the subject, and at his death in 1911 he left the greater part of his fortune to endow a professorhip of Eugenics in the University of London. There has been organized in the United States as a part of the American Breeders' Association a department of eugenics, with Dr. David Starr Jordan as its president.

I have been pleased to read in the Woman's Journal that a school of eugenics was opened last fall in Boston; its founder and director a woman, Dr. Evangeline Young. The object of this school is to give to mothers and all those having the care of the young suitable instruction in sex education and how to meet those schoolroom problems which center around certain moral and sex questions. It also offers a training to those persons who wish to equip themselves as social workers and instructors in eugenics.

Among many who are prominent in this movement are Dr. H. H. Goddard, of the New Jersey School for Feeble-Minded; Prof. Charles Davenport, of the Department of Experiment Evolution, Cold Springs Harbor, New York, and Prof. Bateson, the biologist of Cambridge, England, who has published numerous works on the subject. These men, by taking one character at a time, and tracing it through many generations, have discovered that it has a certain definite demonstrable ratio of transmission. So far their efforts have been confined principally to the transmission of feeble-mindedness, eye color, hair color, short fingeredness, and some other physical traits.

Among the mental characteristics studied, musical ability is remarkably manifest in certain families, notably the Bach family. Strangely enough, this character is recessive, that is, it disappears in succeeding generations. There seems to be on rational explanation for this peculiarity.

The word "eugenic" literally means "to be well born." It is commonly defined as "the study of those agencies under social control which may improve or impair the racial qualities of future generations either physically or mentally." It is based on Mendel's law of heredity, which, to be clearly understood, must be studied as a scientific and mathematical problem.

Briefly, as referring to the human family, it means this:—that the germ plasm in a family is its chief biological factor. The total heredity of an individual is divisible into units of character, each of which is inherited independently. Such unit of character is believed to be dependent on the presence in the germ plasm of a unit of substance called the "determiner." These unit characters may be dominant or recessive. They are dominant when plainly manifested in an individual, and recessive when absent, depending on whether the determiner for the character is present or absent.

As regards our second proposition—the necessity for race improvement—we have only to consult our record of defectives, criminal insane, and paupers, to see what a drain they are on our civilization. We have in the United States 300,000 insane and feeble-minded, 160,000 blind and deaf, 80,000 criminals in prison (and many not in prison, who should be), 100,000 paupers in almshouses and out, beside 2,000,000 who are annually cared for in hospitals and homes. It costs $100,000,000 annually to care for them!

Davenport says that if only one-half of one per cent. of this sum were spent in the study of bad germ plasm that makes necessary this expenditure we might learn just how it is reproduced and the best way to diminish its further spread.

We allow the undesirable element in society to go on reproducing itself, while we continue to build asylums, homes, and hospitals to house the offspring. As some one has said: "We make a feeble effort to keep them out of the country by enacting inadequate immigration laws, while we let them in by hundreds through the gateway of the cradle."

It is a sad, but undeniable fact that it is the least desirable element of society which furnishes the greater birthrate.

The average number of births in the average family is only four, while the average number of births in defective and degenerate families is seven. The prolific propensity of our defective classes is well known to the student of sociology and criminology. In many cases it is their only industry; like weeds they grow spontaneously; they need no cultivation, while those plants which best serve the purposes of life require care and protection to insure their survival.

The remarkable history of the Jukes family shows the result of heredity and environment for more than 100 years. Here are 1,200 persons, the descendants of five degenerate sisters, repeating in successive generations the story of disease, insanity, idiocy and crime.

Dr. M. M. Barr, Superintendent of a Pennsylvania School for Feeble-Minded, cites the case of a feeble-minded man married to a delicate woman, who, in twenty years, bore him nineteen defective children. In another case an insane man married in succession two mentally weak wives. These bore him thirteen children, all mentally weak.

To come nearer home and quote Dr. Emerick, Superintendent of our State Institution for Feeble-Minded: "A man and woman, living in the hill country along the Ohio river have contributed fourteen feeble-minded children and grandchildren to the State, six of whom are in State institutions, the rest are supported indirectly by the public through poor farms or charity organizations of sme kind." Miss Dye, of the Girls' Industrial Home at Delaware, says: "There are girls in this home whose grandmothers were inmates of the home."

It may be a sad commentary on human ability that idiocy is one of the most insidious and aggressive of the degenerate forces. It attacks the mental and moral nature, enfeebles the will, exaggerates sexual impulses, and renders the poor victim an easy prey to any of the neuroses.

It is a fundamental law of eugenics that where the same unit defect exists in the germ plasm of both parents, it will appear in the offspring. So far as is known, the union of two defectives has never produced a normal child.

It is from the class of defective delinquents that our criminals of the worst type are recruited. Entirely irresponsible, swayed by impulse and passion, they are a constant menace to those with whom they are associated.

Of diseases transmissible through heredity, syphilis and "the epilepsies" play a most important part. The term, "the epilepsies," is used, because epilepsy is not considered as a unit, but as a sub-division of insanity. Epilepsy is supposed to be due to the absence in the germ plasm of a protoplasmic factor which determines complete nervous development.

Davenport cites, as a good example of inheritance, a general weakness of the mucous membranes, leading to nose, throat, ear and lung troubles; also heart disease and certain nervous diseases, as chorea and neurasthenia. As far as is know of tuberculosis, it is only the weakened constitution which is inherited, a susceptibility to the disease, we might say, a lack of resistance in the germ plasm to that particular infection.

Dr. Saleeby speaks of certain drugs as "racial poisons," to distinguish them from those substances which affect only the individual. He says that "alcohol is pre-eminently a racial poison," and we feel inclined to accept the many proofs which he cites as to the truth of his statement. It is in the transmission of venereal disease that the "sins of the fathers are visited on the children.' No other disease can rival syphilis in its hideous influence on parenthood. No class is exempt from its ravages. It is here we view the saddest picture of human frailty and ignorance.

In his annual report for 1912, Hon. Henry Stimson, Secretary of War, says, "The high percentage of venereal disease continues to be the reproach of the American army, and the daily average number of those sick from that cause, during the past calendar year, was larger than the daily average number of those sick from all the other of the more important diseases combined."

A new plague or epidemic would invite us to extraordinary effort for its suppression, but this ancient evil is accepted in silence, or at least spoken of only in whispers.

All that has been said bears on the negative side of the eugenic question. One must perforce look on the other side of this dark picture in order to keep one's faith in, and respect for, humanity. It is comforting to know that positive characteristics—those which contribute to the stability, to the moral and intellectual growth of the human race, are equally transmissible. Such families as the Edwards, the Darwin and the Beecher families, prove the inheritance of unusual gifts, while the many noble traits in men and women in the humbler walks of life strengthen our belief in the human race and its final perfectibility.

We now come to our third and last proposition,—methods proposed and results hoped for. Dr. Havelock Ellis makes the rather startling statement that social reform in this respect involves the control of life itself. He says, "Until lately the methods of propagating the race continued to be the same as those of savages thousands of years ago. Children came, and parents disclaimed all responsibility for their coming. The children were sent by God. If they turned out to be idiots, the responsibilitywas God's. We are learning in this, as in other matters, that Divine force works through us. It is we who are more immediately the creators of men. We generate the race; we alone can regenerate the race."

Whether we entirely agree with Dr. Ellis or not, we must recognize the urgent necessity for preventing the increase of our defective classes. This must be done by colonization or segregation. With certain types of defective delinquents, and criminals, sterilization offers the only safe means of preventing reproduction. This consists in the removal of a portion of the Fallopian tube in the female, and the removal of the vas deferens or ejaculatory duct in the male. This operation in the male is comparatively sim-

ple and does nt interfere in any respect with the comfort or enjoyment of the individual. Such operations should only be done at the request of the individual, or after it had been determined by careful examination to be necessary for the safety and welfare of the public.

Indiana has legalized sterilization of confirmed criminals, idiots, imbeciles, and rapists, and is now waiting an investigation as to the constitutionality of the law before enforcing it further. Washington, California, Nevada, Iowa, New York, New Jersey and Connecticut have passed similar laws.

The members of the Utah Insanity Board have lately filed with the Governor a report with the following recommendations:—"Sterilization of all persons insane from hereditary causes. The creation of a State Board of Eugenics to control marriages and issue certificates for licenses only to the fit. An amendment to the penal code giving the upper courts the power of imposing the sentence of sterilization in lieu of imprisonment in certain statutory crimes. A law giving the Board of Pardons power to make sterilization a requirement precedent to parole or pardon from penal institutions."

Work in the line of negative eugenics must necessarily proceed slowly, lest in our haste to do good we work harm to the individual or interfere with that fetich of the American mind, personal liberty.

Positive eugenics means primarily the education of our youth for parenthood. This includes a knowledge of the importance of heredity and the necessity for proper mating. We, as intelligent and thinking men and women, should be vitally interested in such education and legislation as will improve the social and economic condition of even the humblest individual and which will help him to obtain his rightful inheritance, that is, the development of the best there is in him. When women realize their personal responsibility as citizens and human beings they will not be satisfied to delegate this duty to the other half of humanity. They will want to share in the basic work which accompanies such reform.

A favorable sign of the times is the demand that a certificate of health should be furnished by parties desiring to marry. We are awakening to the inconsistency of allowing a girl to consent to her ruin at an age which does not allow her to consent to her marriage, and to the unmistakable fact that there must be better hours and sanitary conditions for working women if we would protect the future mothers of the race. We can also assist those who are prominent in eugenic work in the collection of data which can be grouped and analyzed and its bearing on heredity determined.

A letter from Prof. H. H. Laughlin, of the eugenic's Record office, Cold Springs Harbor, N. Y., says: "The physicians of a country can be of great help in promoting the spread of eugenic ideas, in aiding research by securing at first hand, observation and data of the inheritance of traits. Such data is gladly received at this office."

A six weeks' summer-school has been started at Cold Springs Harbor in which field workers are trained in tabulating and collecting data and in making heredity charts. The workers are usually chosen from among college graduates, those having had some experience in social service work, preferably women. Persons contemplating marriage can write this office, giving their personal history and receive advice as to the fitness or unfitness of the union.

To sum up in a few words, eugenics is in a very early stage of development, as yet, and its advocates do not expect speedy results from its propaganda. The application of positive eugenics does not mean that scientific mating should always usurp the place of nature's promptings, neither does it mean that heredity is everything and environment nothing. It does emphasize the importance of upholding the ideal of parenthood as the highest and most responsible of human duties. It does teach us that it is just as solemn a thing to create life as it is to take life; it does impress on the youth of the country the value of inherited traits, and the necessity of transmitting by proper mating, those physical and mental characteristics which increase human efficiency; it does plan for a purer, hardier, healthier stock, and the improvement of those conditions which tend to increase the downward tendency of mankind.

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Spondylotherapy.

The first annual meeting for the study of Spondylotherapy will be held in Chicago, November 12, 13 and 14. At the time of writing this notice it is thought that Dr. Albert Abrams will give a course during the week on this new and interesting subject, Spondylotherapy.

Those interested in taking up something new and of real value should write to I. W. Long, 5 Wesley Block, Columbus, Ohio, in regard to this course.

THE OBSTETRICAL FORCEPS—THEIR USE AND ABUSE.*

BY L. C. M'ELWEE, M. D., ST. LOUIS, MO.

INVENTED by Peter Chamberlen, of Paris and London, in 1569, and variously modified, used and abused from then till now, the obstetrical forceps come to us in their present state of mechanical completeness from the days of Smellie, Leveret, Nagel, Simpson and Hodge.* Chamberlen's forceps were short and were characterized by only a cephalic curve, the blades of which were fenestrated, but were straight when viewed in profile.

Smellie (of London) seems to have been the first to add an anterior to the lateral curve. He also seems to have been first to realize the necessity of elongating the handles for the purpose of application at or above the pelvic brim. Contemporaneously with him Leveret realized the same need and supplied it in the same way. These two are the types of all subsequent modifications. Hodge, of Philadelphia, finally succeeded in producing the *ne plus ultra* of obstetrical forceps—more especially manifested in the long variety.

Like everything else with which brilliant results may be obtained they may be made the means of a blessing or a curse. It depends entirely upon how they are used as to whether that use will be followed by a benediction or an execration. In skillful hands a blessing; in awkward hands a calamity. But skillful hands means more than manual dexterity. "Skillful hands" consists of manual dexterity combined with mature judgment born of much observation or experience, *plus* accurate diagnosis of the position involved, accompanied by the assistance and accoutrements necessary to the proper execution of whatever manipulations may be called into action by the emergency.

Originally the forceps were used chiefly, if not entirely, for the purpose of traction; rarely as compressors. Lately, in the practice of the writer, they have been used largely as rectifiers of improper cephalic positions. Many stubborn cases hang for hours on the "snag" of incomplete flexion or rotation. It is only the work of a moment or two to complete the flexion or rotation, and delivery ensues forthwith. It would scarcely seem necessary to admonish *any one* that, except in rare instances, "main strength and awkwardness" and the forceps should be total strangers. No greater force than can be exerted by the *flexed forearms is rarely, if ever, necessary*. And not even then until the operator knows *exactly* the position of the fœtal head; in which case the forceps should be applied to the axis of that head. Here is the particular point of liability to perinæal lacerations. Applying the forceps to the axis of the maternal pelvis is accompanied nearly always by perinæal laceration of some degree. When strong traction is actually necessary it should be made with great *deliberation and precision*. It should be intermittent. Bring the head down toward the perineum as far as the crest of the wave of the bicepital strength will permit, then relax the effort, unlock the blades, rinse the hands (which ordinarily should be guarded with nothing more than rubber gloves) in some antiseptic solution, lock the blades again, *very deliberately*, and repeat the traction. The operator will soon observe that he is imitating nature very closely and when he gets the head to the perineum he will find that it has receded sufficiently to allow the natural passage of the head over that impediment.

The great obstetric difficulties all lie above the inferior strait. With an ordinary normal pelvis and head these difficulties ought all to be rectified by corrective manipulations before much, if any, traction is employed. Then comes in the most benign use of the forceps: that of preventing too rapid delivery by holding the fœtal occiput well up under the arch of the maternal symphysis and away from the perineum until the latter has slipped over the apex of the parietal eminences and contracted behind the forehead of the child.

It occasionally happens that in the natural course of events the fœtal head reaches the perineum in correct position, but in bringing it thus far the *vis a tergo naturalis* has become so exhausted as to be unable to push it over the resisting perinæal body—and there it remains until it is in mercy dislodged by a twist of the accoucher's wrist applied to a pair of obstetrical forceps. The cases of this kind are mostly found in poly-multipara or women who have reached the age of thirty to forty and find themselves in labor for the first time. In these cases it is certainly an abuse of the forceps *not* to use them with the most consummate gentleness.

Then there is another important class of cases where for some reason or other the cervix fails to yield before the advancing head. Mercy and sympathy for the sufferer would seem to be enough to induce the medical attendant to anæsthetize the patient and dilate the cervix with the fingers or other dilator. But he will not be able to stop there because the anæsthetic will have paralyzed the uterus. Return to consciousness by the patient is only followed by her ability to feel pain. The uterus remains mostly inert. Therefore *when an anæsthetic is once begun one may as well finish the delivery*, else one will be obliged later on to resume the anæsthetic and complete the delivery with the accompanying humiliation of very recent abject defeat resting upon him. He will more than likely be the object of the felt, if not expressed, derision of the friends of the patient, and the conviction on

*Read before Missouri Institute of Homœopathy, Kansas City, April, 1912.

*Lusk.

her part that she has been abused is quite likely to grow as time goes on.

We would therefore define the *use* of the obstetrical forceps as a most consummately skillful surgical procedure, and their *abuse* as to their employment with unskilled hands or to not employ them when time and suffering may be saved for the patient by their skillful application.

NORMAL SERUM IN THE TREATMENT OF TYPHOID HEMORRHAGE.*

BY H. G. JONES, M. D., BALTIMORE, MD.

IT is not necessary to emphasize the need of more effective remedies for the control of hæmorrhage. Our failure in the past has made the advent of a newer therapeutic measure most welcome.

This applies with particular force to those hæmorrhages that come from concealed points such as the intestines, lungs and stomach and which cannot be treated by pressure or styptics.

Because of the inability to apply pressure or styptics successfully, these hæmorrhages must be attacked from another view-point,—that of increasing the coagulability of the blood.

The remedies most used to accomplish this have been gelatine either given internally or by injection, also the calcium salts and adrenalin (hypo.). All of these have proven quite unsatisfactory.

Another addition to the therapeutics of hæmorrhage that has been shown to be of much value is the administration of normal serum—either given intravenously or subcutaneously.

This has given remarkably good results when used in hæmorrhage of the new-born, hæmorphilia, pulmonary hæmorrhage, hæmorrhage from the pelvis of kidney and also from the bladder, typhoid hæmorrhage, menorrhagia and hæmorrhage after operation.

Blood was used in 1893 by von Manteuffell to check bleeding after the extraction of a tooth. Weil found that the injection of animal serum would shorten the coagulation of the blood and this effect would last for five weeks.

Human serum and also that from the rabbit, horse, sheep and goat have all been used in treating hæmorrhage. Whole blood could be used for this purpose except for the fact that clotting takes place so rapidly that it is difficult to administer.

The exact procedure of the coagulation of blood has not been definitely determined, as various investigators have held differing views.

This much seems certain that thrombin is formed from prothrombin at the time the coagulation is to take place and that the prothrombin together with calcium salts and kinase make possible the action of thrombin on fibrinogen, which, in turn, results in the formation of the fibrin clot. It might be mentioned here that the fact that calcium salts are necessary to the formation of thrombin has led to their use in these hæmorrhagic conditions.

It being believed that in pathological conditions hæmorrhage was caused by the lack of these coagulating ferments in the blood, it could be expected that the introduction of normal serum containing these ferments should cause coagulation and thus stop the hæmorrhage.

The following is a report of a case in which normal serum from the horse was injected intravenously for hæmorrhage occurring during typhoid fever. This case is particularly interesting in that an old tubercular condition of the lungs became active toward the close of the fever.

Case. W. P., aged 14, was admitted to the medical service of the Maryland Homœopathic Hospital on September 25th, 1912.

Family History.—Father, aged 44, living, and in good health.

Mother, aged 39, living, and in good health.

Three brothers, two living, and in good health; one dead from meninigitis.

Three sisters living, and in good health.

Previous History.—At birth was delivered by instruments. Had whooping cough when three years old, lasting three months; also had measles and chicken-pox. Was operated upon three times for enlarged tonsils and adenoids within three years. Has always been fond of out-door sports, especially swimming, indulging most every day during summer. He made considerable progress at school, and has always been at the head of his class. Sent to the State Sanitarium for Tuberculosis in May, 1910, and dismissed as being cured February, 1911. During that time he gained eight pounds, and was in good health until he showed symptoms of typhoid fever.

Present Illness.—On admittance he showed a temperature of 103, pulse 100, respiration 24; complained of headache, tenderness in the right iliac fossa, and profound prostration. He had been sick one week before entering hospital. He was put to bed and given a sponge bath at 80 degrees to be continued every four hours.

September 29. Tongue coated with red tip and brilliant edges. Rose spots appeared, and he complained of much pain in the abdomen.

October 9. Given Baptisia. The Diazo and Widal reactions were positive.

October 15. Hæmorrhage at 3 P. M.; pulse 110.

October 16. Hæmorrhage at 4 A. M.; pulse 98, temperature 101.

October 17. Hæmorrhage at 12:30 A. M.; pulse 100, temperature 101.

October 18. Hæmorrhage at 12 noon; pulse 96, temperature 102.

Calcium lactate, grain 5, every two hours, was then given.

October 18. Hæmorrhage at 12 midnight.

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*Read at May meeting Md. Hom. Med. Society, 1913.

October 19. Hæmorrhage at 6 A. M.

Calcium lactate increased to ten grains every two hours.

October 20. Calcium lactate discontinued, and Spirits Turpentine, gtts. 7, and Sulphuric acid 1x given every hour alternately. Hæmorrhage at 8 P. M. At this time he was extremely emaciated. He had considerable hiccough and it was hardly thought possible that the patient could survive for twenty-four hours. It was then decided to resort to the use of normal horse serum. On the next day, October 21, a vein was exposed in his elbow by Dr. Stansbury and 15 c.c. of normal horse serum was given intravenously.

Temperature 98 at time of injection, pulse 100, respiration 11, temperature 96.4 after injection, pulse 102, respiration 11. The day of injection had fluid stool at 4 P. M. with no blood. Had fluid stool on 21st, 22d, 23d and 24th. Afterwards an enema was necessary. Respirations had dropped to 12 the day before the injection, and were raised to 18 the day following.

October 24. Had cream of wheat, custard and baked apple.

October 25. Expectorated blood, and continued doing so for several days. His chest, on examination, showed moist rales over both lungs, with areas of consolidation in both apices. Expectoration was free. Tubercle bacilli were demonstrated in the sputum. Blood pressure, systollic 100, hemaglobin 60 per cent.

There were no more hæmorrhages from the bowel after the injection.

During the course of the attack he ran a continuous and somewhat characteristic temperature reaching 104 on September 26 and also on October 5; after November 9 temperature did not go above 100.

Two months after admittance to the hospital he returned home. A few days later a superficial abscess developed on his left hip. It was swabbed out with Iodine and healed promptly.

In two weeks he sat up and was rapidly gaining strength. His appetite was good, cough and expectoration had subsided.

At present he is at work, feels fine and weighs eighty-seven pounds. There are no active lung symptoms and but slight areas of consolidation in both apices.

The interesting features in this case were the cessation of hæmorrhages after the injection of the serum and the recovery from the tubercular infection.

Welch, of Fordham Medical School, is enthusiastic over the use of human serum, especially in the hæmorrhagic diseases of the newborn. He asserts that human, not animal, serum should be used because the serum of an animal injected into an animal of different species has been shown to produce severe symptoms and even death. The first dose of the alien serum is said to sensitize the animal and the succeeding ones to produce toxic effects. This condition has been called anaphylaxis.

Welch selects a relative of the patient and withdraws sufficient blood from the veins at the elbow. After clotting the serum is collected for use. 30 c.c. is the usual dose and he repeats if necessary every six hours. He administers it subcutaneously. Clowes and Busch, of Buffalo, have had an extended experience with serum injection for hæmorrhage and claim that they have not seen anaphylaxis occur and do not believe it need be feared.

They have reported numerous cases of a variety of hæmorrhages including pulmonary and have had most excellent results.

They use horse serum precipitated by means of acetone and ether and filtrated under pressure and inject a quantity of this subcutaneously, equal to 10 c.c. of the fresh serum. If necessary he injects it as often as every two hours. If after further trials the administration of horse serum is still found to be satisfactory and not to cause anaphylaxis, it will be much more practical because it will be easy to obtain, whereas human serum will necessitate the removal of a sufficient quantity of blood from a volunteer.

We have reason to believe that the injection of serum holds out much hope in the control of hæmorrhages following operations, either given afterwards, or in cases known to be bleeders it may be administered before the operation.

ANOTHER EXAMPLE OF PSYCHIC RELIEF.

BY SHELDON LEAVITT, M. D., CHICAGO, ILL.

THE following case furnishes a good example of the action of plain hetero suggestion.

Mrs. B. was a large, well nourished woman of about thirty years, the second wife of a man of about sixty. Neither husband nor wife has the marks of an impressionable temperament in mental or physical makeup. She was a woman of force and character, rather brusque in manner and yet kind of heart, pronounced in her likes and dislikes, and with faith in those to whom she had given her confidence. She would not be regarded as highly suggestive, and yet I have found that she readily receives well-directed impressions. Following is a good example:

She was recently delivered of a twelve-pound boy, who made great trouble in coming; and for some weeks she gave evidence of profound nervous disturbance. A few days after delivery I was summoned by the husband to see her, with a request for immediate attendance. He met me at the door, and in anxious tones advised me of his deep anxiety, and informed me that he feared his wife was rapidly sinking.

"She cannot speak aloud for weakness," he said, "and I fear she will not survive the night," his whole manner betokening the genuineness of his fears.

I found the wife lying placidly in her bed, with closed eyes and pale face. Her whole appearance, made more impressive by the dim light of the low-turned gas, was quite startling. I laid my fingers on her pulse, which I found small, rapid and feeble. Respiration was irregular and sighing.

She did not speak, nor did I, for a few moments, as I sat studying her symptoms. I recognized her nervous state and was acquainted with certain features of her environment known to be exceedingly irritating. The nurse informed me that she had gradually descended during the afternoon into the low condition in which I found her.

Examination and inquiry elicited no particular explantion of the condition.

"You are all broken up, aren't you?" I said in a low and sympathetic tone. "I suppose you are utterly worn out?"

Her only reply was a nod.

"I am sorry. Now let me rest you."

I drew my chair closer to the bed, took one of her hands in mine, and with my other hand began to smooth mer forehead and hair.

As I did this I continued:

"Now forget all about the annoyances of life and call to mind some of your cheerful experiences. Life is not altogether hard; we all find much joy. You have been meeting your trials too seriously. I can see that you have been under a powerful nervous tension."

"You are holding yourself tensely right now, let go and float, float, float!"

She lay perfectly quiet as I spoke and appeared to be drinking in all that I said.

"I know what you are doing," she whispered, "but I trust you."

With this she began breathing more deeply and regularly.

"You are already feeling much better." A nod.

"You are going to sleep. Sleep—sleep—sleep—s-l-e-e-p."

She seemed asleep, but subsequent movements showed that she was only somnolent.

Then I added in prolonged tones,—"Sleep." "Be quiet." "You will sleep to-night and feel quite well in the morning," etc.

I sat by her side without changing my position for fifteen or twenty minutes, and then, with an assurance of good rest during the night and better feeling in the morning, I prepared to leave. Before I went she aroused, as from sleep, declaring that she felt better, and bade me a cheerful good-night.

In the morning I found her in good spirits and with all physical symptoms much improved.

"I knew you would be better," I said, following my inquiry after her feelings.

"Yes, I am glad you gave me that chloroform," she commented, "it seemed to go right to the spot."

"That chloroform!" I replied. "What chloroform?"

"Didn't you give me chloroform?"

"Not I. What made you think so?"

"That is strange," she continued with an air of surprise. "I had the same symptoms and smelled the same odor as when I took it before. And you say you didn't give me any?"

There was no acting here, her convictions being unquestionably genuine. She has since frequently mentioned the realistic nature of the occurrences.

I had no further occasion to exert a similar psychic influence over her, nearly all traces of her former nervousness having passed away.

THERAPEUTIC AIDS FOR THE PREGNANT WOMAN.

BY F. F. NETHERTON, M. D., CLINTON, MO.

FROM the moment when conception has taken place, a new era has begun in the life of the prospective mother. This metamorphosis may proceed normally into the development of Nature's phenomena, in the bringing forth of a new individual with the added joys of motherhood, or the condition become one of ill health and suffering with a possible blighting of the unripened fruit and a shortening of the days, even to the succumbing of the mother life.

However, it is well known that during this time the latent forces of nature are often called out and the individual woman is in more robust health than is her wont; her cheeks plumper and her color, which, at other times, may be sallow or pale, vies with the rose in its loveliness in tinting.

This is as it should be, for the future well being of the little life now developing within.

A child to have been denied the right of being well born enters upon the race of life under the tremendous handicap of being deprived of his God-given birthright.

Upon the physician often rests the heavy responsibility of matching his skill against great odds in overcoming conditions morbific, a result of vice and ignorance in generations past and present.

I am one of those who think that, in policy, the State would not be assuming too great a prerogative to assert a paternal oversight in matters relating to the building up of better individuals and with the efforts as shown by the adoption of new laws in several of our States we have cause for encouragement.

While it was not our intention to present a paper on eugenics, yet you see with the subject how natural the trend, in fact the two are closely allied, as both studies have as their result the improvement and physical betterment of the human race.

Taken as a whole, our paper in its thought has for its purpose the problem of nutrition, including as it does assimilation and elimination, or the

proper functioning of all of life's processes of the expectant mother.

Were we to enter into detail, reciting all the possible pathological conditions incident to pregnancy, with their treatment, you would, in all probability, be severely taxed in patients, as any authoritative work on obstetrics will enlighten you as to the blood changes, the hypertrophy of the left ventricle of the heart, the enlarged liver with its deposition of fat cells and the albuminuria from imperfect functioning of the liver and especially the kidneys. In fact, a wonderful array of morbid processes are possible through a resulting venous stasis, the increasing pressure upon all the abdominal organs in not being fully able to accommodate themselves to their narrowing quarters. Every pregnancy involves an increased strain on the circulatory organs and upon the whole glandular system, both ductless and excretory, concerned in metabolism.

Probably the most frequently observed symptoms, and usually the first notification to the patient of her having conceived, is a disturbance of the digestive system, a nausea occurring more especially on rising mornings, hence known as "morning sickness."

This symptom usually appears at about the sixth week, though may manifest itself earlier in sensitive women.

This disturbance usually subsides at about the fourth month, yet in some cases continues throughout pregnancy and becomes a serious condition, so pernicious, in fact, that some have recommended emptying the contents of the gravid uterus through mechanical intervention.

This condition is at first manifestly purely nervous from irritation of the sympathetic system and may continue till the case has developed into one of acid dyspepsia with anæmia from malnutrition. Constipation and a consequent auto-toxemia follows in the wake of this acid state and with the increasing pressure of the developing fœtus and venous engorgement the distress is augmented from day to day.

Before the patient has become fully aware of it her teeth may have suddenly shown signs of rapid decay, due to the acid condition of the stomach and to faulty metabolism.

It is a law of nature that it must have its own and that its demands be satisfied, taking no consideration of the loss or suffering consequent; therefore, if the metabolism concerning the proper deposition of lime salts is faulty, the growing fœtus may appropriate unto itself the necessary elements for the support of the mother's teeth and she be made to suffer through dental caries.

If the new life be not sufficiently endowed, vitally, to appropriate the necessary nourishment from the mother's blood a condition of rachitis may develop, or one of hydrocephalus.

Correct the acidity of the stomach by the indicated remedy, together with a mouth wash of milk of magnesia and the administration of Calcarea phosphorica often sets matters right in the above conditions. Since mastication has so much to do with properly nourishing the animal economy, as perfect a condition of oral asepsis should be maintained as possible through frequent dental inspection and the daily use of a suitable dentifrice; among the many such some form of the peroxides are most serviceable.

One of the most trying afflictions which comes to the pregnant woman is a pruritus of the pudenda, seemingly a neurosis, for in most of those demanding relief from this awful torture we, on making a urinalysis, were compelled to exclude diabetes in our attempts at diagnosis. For this condition my best results were obtained with the use of an ointment containing phenol and camphor, varying the strength to meet the needs of the case, and it would surprise you, perhaps, realizing the amount of the obtunding ingredients necessary to secure comfort.

We have already alluded to the condition of constipation, often found and it is due to the neglect of the regularity of the daily evacuation that the resulting toxic symptoms are made manifest to the detriment of both mother and the child.

First probably beginning with indigestion, then as the months advance the condition becomes one of an actual mechanical obstruction through pressure upon the intestines. Here I may be called into account by some for not "hewing to the line" in the application of the law of similars by recommending a pill of three well known remedies, which exerts a mild physiological action of the drugs, viz., Hydrastin ¼, Podophyllin 1/8, Strychnia 1/60.

In this some of you will recognize the familiar "Pettitts' Pill," a better combination never existed as a cure for chronic constipation. Having not the remotest desire to lead one of our fold into beliefs heretical, all adjuvantal means to the comfort of human suffering should not be denied and if we who are ignorant of and cannot pin our faith to the high potencies, do please let us enjoy what degree of success we may have had in the successful use of the mother tinctures and lower potencies. We have no lack of "remedies" under whose symptomatology may be found conditions existent during the pregnant state; but lest I be considered prolix in continuing too long a paper, we will spend only a few moments further in noting perhaps a mere half dozen familiar drug remedies, some of which in their history go back into the days of the aborigines, when through the use of these in a tea or decoction the expectant mother, feeling the throes of child-birth approaching, only halted to one side of the caravan for a few moments, wrapped her babe in a blanket and proceeding onward would soon overtake her companions on the march to a better hunting ground. The first of these is *Aletris farinosa,* which has for its symptomatology anæmia, nausea with slow digestion, flatulency,

uterine atony, constipation, with a tendency to prolapsus and bearing down pains and a disposition to abortion.

Caulophyllum is distinctly a woman's remedy, the uterus lacks tone, relaxed with bearing-down feeling, tendency to abort. Renders labor less painful. Increased pigmentation of the skin during pregnancy. *Cimicifuga recemosa* acts chiefly on the cerebro-spinal sphere and female organs; depression and melancholy; insomnia; neuralgia. Delicate hysterical women of rheumatic type with uterine derangement. *Helonias dioica* resembles Aletris in its gastric symptoms; sensation of weakness and dragging weight in the pelvis; pruritus vulvæ, a tired, back-achy feeling with a soreness and a consciousness of uterine sensitiveness, a tendency to uterine prolapsus, whether from a life of indolency and ease or in those worn out with hard work. Burning sensation on the vertex. Has a special action on the glandular system, hence ptyalism, glycosuria and albuminuria—one of the few remedies says Hale that render alkaline urine acid. A diuretic also in its action. *Senecio aureus* is a remedy acting chiefly upon the nervous system and upon the mucous membranes and vies with *Pulsatilla* in catarrhal conditions, the patient is a sufferer from leucorrhœa and constipation. *Kali phosphoricum* is a magnificent remedy in nervous states and seldom disappoints in that condition of general hyperæsthesia incident to the pregnant state. The better we become acquainted with this great nerve builder the more valuable it grows upon us in general practice. The use of this remedy in our hospitals for the insane would be an untold blessing were it made compulsory by law.

The administration of *Mercury* in its potencies during pregnancy in syphilitics has passed the experimental stage and many a mother has been able to bear her child to full term who, before its use, had habitually aborted.

Viburnum prun. is the last, but not one of the least, useful remedies as a preventive of premature labor, spasmodic pains; suitable especially in tall, slender women of hysterical tendency, with light or dark hair.

The eclectic practitioner has found some of the above named remedies used in combination, productive of most gratifying results, so much so that in my observation I felt myself the loser not to take advantage of the proven experience of another.

Since having yielded to the lure of the combination (which I have made in table form, from the lower potencies) I find I am unable to break the spell and, besides, the women just *must have* those tablets after the sixth month, for with patients writing for them as far away as the Dakotas, telling you of the satisfaction, through three successive pregnancies, can you doubt their efficacy? One lady sent twice; a patient I never had the privilege to meet. Yes, it's cowardly; but man, from the beginning, placed the blame on woman!

SOME FACTS REGARDING HOMŒOPATHY.

BY W. A. BOIES, M. D., KNOXVILLE, TENN.

IN Washington there stands a beautiful monument in granite and bronze, erected to the memory of one who has done as much, if not more, to put medicine upon a scientific basis than any who preceded or has succeeded him. I refer to Samuel Hahnemann, the founder of Homœopathy.

He was born in Meissen, Saxony, April 10, 1755, and died at Paris, July 2, 1843. He took his degree of M. D. at Erlangen, Bavaria, in 1779. About the year 1796 he announced the system of Homœopathy which he subsequently developed in the work, entitled "The Organon of the Art of Healing." He was a thinker, a philosopher, a master of ten languages—versed in many sciences, and ranked as one of the profound scholars of his day. While translating Cullen's work on "Allopathic Materia Medica" he conceived the idea of "similia similibus curentur"—let likes be treated by likes. Here it was that he read, "Cinchona bark, when taken in large doses, would produce on the healthy symptoms similar to ague, yet it was recommended for the cure of ague." This was to Hahnemann a guiding star which led him on into the field of research and which has been a beacon light to many a storm-tossed sufferer.

He experimented on himself by taking large doses of Cinchona and developed a typical chill, and symptoms of an intermittent fever. On making subsequent provings of other drugs upon the healthy and prescribing them in smaller doses to the sick with similar phenomena he was invariably successful.

It was said of Hahnemann by Sir John Forbes, physician in ordinary to the queen, and one of his old school critics in 1846, three years after Hahnemann's death when opposition to Homœopathy was most bitter, that, "No candid observer of his actions, or candid reader of his writings, can hesitate for a moment to admit that he was a very extraordinary man—one whose name will descend to posterity as the exclusive founder of an original system of medicine, as ingenious as many that preceded it, and destined, probably, to be the remote, if not the immediate cause, of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself. He was undoubtedly a man of genius, and a scholar—a man of indefatigable industry and dauntless energy."

I shall now refer to some of the many prejudices which are so prevalent regarding Homœopathy. An ungrounded argument which is brought against Homœopathy is that we prescribe a drug in an infinitesimal dose to produce

a toxic or physiological effect. In other words, that a Homœopath will give a millionth of a grain of Morphine to produce the effect we expect from an eighth or a quarter of a grain.

Let me assure you that such is not the case. I will endeavor to explain later the basis upon which remedies are prescribed in accordance with the law of similars.

In days gone by it has been said that the mass of homœopathic practitioners has been recruited from uneducated lay men, and unsuccessful physicians.

In the early days of Homœopathy, and even now, some uneducated lay men, attracted by Homœopathy, have, without preliminary education, purchased a few remedies and a work on domestic medicine, and called themselves Homœopaths. May I ask in what vocation in life similar instances have not occurred?

The requirements in Homœopathy to-day, as to learning and medical attainment, are as high as in any school of medicine in the land. It has been said that Homœopaths are excluded from Government service, from railway or steamship employment, from life insurance companies as examiners, from city, county, or State institutions. Furthermore, it has been declared that the homœopathic school is not recognized by scientific societies at home or abroad. These statements are false. In the late war with Spain nine of our surgeons were in service—three with the rank of major.

Many homœopathic physicians and surgeons are connected with railway medical service and with insurance companies as examiners. Many United States pension examiners are Homœopaths. There are eight homœopathic hospitals for the insane, under State control. Three State universities have homœopathic departments. Two city universities and one other have homœopathic schools connected with them.

Homœopathy is not a system of sugar pills. It was a working system long before the day of the sugar pills. They simply afford a convenient and palatable vehicle for the administration of medicine.

Homœopathy is not opposed to pathology. It regards pathology, but not a basis for treatment. It is not quackery, but courts investigation. It is not an infinitesimal dose. This is a popular misconception.

Similia similibus curentur says nothing of the dose. A homœopathic cure may be, and often is, wrought by massive doses, but experience teaches us that smaller doses act much more satisfactorily and with much less shock to the system.

By Homœopathy is not meant, as so many assert, that if a man be poisoned he must take more poison; that to cure a burn he must burn himself again; that to remove a tapeworm he must swallow another. A lady in Washington asked a friend of mine some time ago, in all earnestness, if homœopaths used smaller instruments than the allopaths.

For a hundred years Homœopathy has been subject to investigation. The pioneers were allopaths who had investigated it. Out of a committee of five appointed by the leading British Medical Society to investigate and expose it two were converted and the other three never reported.

Constantine Hering, who became the patron saint of Homœopathy in this country, was appointed by a Berlin medical society to expose the school. His conversion resulted.

Now let us consider for a time what Homœopathy is. It is the science of the selection of a remedy that causes in the healthy effects similar to those for which it is employed in disease. The systematic testing of drugs upon healthy persons was first done by Hahnemann. He saw the fallacy of testing drugs upon animals, for what is meat to one is poison to another. Rabbits will eat belladonna leaves. Pigs will eat of nux vomica freely. Hogs and horses will eat aconite—all of which substances are poisonous to men. We know too that drugs affect different animals differently. Thus ipecac is an emetic to man and dogs, but not to rabbits. Conium will poison the horse, but not the ox. I could give other examples, but suffice it to say that from the foregoing we can see the wisdom of testing the action of a drug upon a healthy man or woman. Homœopathic remedies are prepared by a process of trituration or potentization in order to develop the molecular activity of a drug. They are not mere mixtures, as so many seem to think.

It is an acknowledged fact that the more a molecule is triturated or potentized, or, in other words, broken up into atoms, the more active it becomes. Many drugs are practically inert as far as drug action is concerned when taken into the system in a crude state, but are rendered potent by the process of dynamization by which homœopathic drugs are prepared. As a good illustration of this, take lycopodium. It was for a long time considered inert, and is now by a great many, who are unfortunately ignorant of its value. It has been used largely as a drying powder, but Hahnemann by his infallible law raised it from its use as an infant's powder to the highest rank among the antipsorics. This remedy we use in a potentized form and its brilliant effect in thousands of cases fully attests its value.

The relationship which the molecular action of a drug bears to the treatment of disease is, to my mind, one of the most fascinating, interesting and, I might add, mysterious phases of the science of healing.

What is disease? Is it simply a departure from the normal healthy standard? Many regard the body as a complex system of cells and tissues—a kind of machine—and fail to recognize the fact that behind this network of tissue

there is a something—call it vital force, dynamic power or what you will—that something must be taken into consideration when pathology exists.

Let us speak of it as vital force. Matter in itself is inert—even organized bodies will disintegrate if not held together by an immaterial force. The earth, the sun, the moon, the stars, all show the influence of some vital force which preserves the harmony of the universe.

What is life? We see and enjoy it, but are apt to look upon it as a material condition per se. Hand in hand with life and inseparable from it is that vital spark which illumines and vivifies the material, and without which no life could exist.

Now, granting that a vital force exists, let us see what bearing it has upon the application of a drug. Quoting from Hahnemann's "Organon," it has been demonstrated that "every disease not subject to surgery alone is based upon some particular morbid derangement in the feelings and functions of the vital force, and thus in the process of a homœopathic case, by administering a medicinal potency chosen exactly in accordance with the similitude of symptoms, a somewhat stronger, similar, artificial, morbid affection is implanted upon the vital power, deranged by natural disease. This artificial affection, substituted, as it were, for the weaker, similar, natural disease, against which the instructive, vital force now only excited to stronger effort by the drug affection, needs only to direct its increased energy, but owing to its brief duration it will soon be overcome by the vital force which liberated first from the natural disease and finally from the substituted artificial drug affection, now again finds itself enabled to continue the life of the organism in health."

Let me add here that it has been demonstrated that no two diseases can occupy the same tissue for any length of time. One can readily see by investigating Homœopathy that its process of cure is based on a certain vital force, which to the mind is infinitesimal as far as any tangibility is concerned. Does not that same force manifest itself in the healing of a wound? In the uniting of a fracture? In fact in any change of condition when disease gives place to health, when pathology gives place to physiology.

Not only in such conditions do we find this vital force or molecular activity in evidence, but let us look for a moment at the development and growth of the human body. Can we not trace the development, step by step from its origin, to the perfect man or woman? And can we not attribute each successive stage of development to this same vital force which manifests itself in division and sub-division of the molecule. This same force is in evidence in all nature—every change that takes place in the natural world is dependent upon this same vital force or molecular activity.

Is it inconsistent or illogical to suppose that the most natural and the most scientific process of drug action consists in the molecular activity of the drug brought to bear upon the body molecule?

Such an action we find in Homœopathy. Another factor in the process of the law of similars is that a diseased organ or tissue is more susceptible to drug action than healthy tissue.

With a normal eye one can look at the sun, but when the eye becomes inflamed a candle light is scarcely endured.

As I have before stated, drugs prescribed homœopathically produce little shock, if any, to the system and the reaction is slight.

Physicians often lose sight of the fact that drugs react as well as act when prescribed for their physiological effect. A pendulum naturally swings both ways. To illustrate—in giving opium to produce sleep. Following the deep sleep which opium produces comes a period of increased wakefulness.

In giving a purgative for constipation the condition of the bowels following the action of the drug is one of increased inactivity and the purgative has to be given in larger doses to have the desired effect. This reactive effect is well illustrated in the use of cold applications in case of hæmorrhage. The flow of blood is temporarily checked, but is apt to recur with renewed vigor after the withdrawal of the application. Many conditions could be cited to illustrate the reaction of drugs, but we can see from the above the importance of considering the reaction of a drug as well as the action, and it goes without saying that the more violent the action the more violent is the reaction. Throughout all nature the law of similars is uppermost.

In considering the application of the remedy the totality of the symptoms in a given case must be taken into consideration. After having proven a remedy on a healthy person a certain line of symptoms present themselves, and as long as individuals differ in temperament, looks, idiosyncrasies, disposition and constitution, just so long will medicine fail to have the same effect on all.

Hence the advantage of noting the symptoms of each case, as they present themselves. The symptoms are the outward manifestation of the disease within. Or, in other words, the language of the disease. In two cases of pneumonia, one may require an entirely different remedy from another owing to the individual peculiarities. A homœopathic physician according to the definition adapted by the American Institute of Homœopathy is one who adds to his knowledge of medicine a special knowledge of therapeutics. All that pertains to the great field of medical learning is his by inheritance and by right. He is at liberty to use and does use in the interests of his patients all medical knowledge, to employ any known measure in the curative realm as his judgment may dictate. Homœopathy pertains

only to the use of drugs as a therapeutic measure; other methods utilized in combating disease, such as surgery, hygiene, diet, heat and cold, electricity and mechanical measures, are the instruments of medical men in general regardless of school. Only in therapeutics do the two schools differ.

It will be my pleasure now to tell you of something that Homœopathy has accomplished. The tremendous decrease in bleeding is due very largely to Homœopathy. A book was written on the subject as late as 1835 and the operation was in full sway in 1848. In 1860 physicians bled for scarlet fever, and still later for pneumonia, but today it is rarely done even in apoplexy—the last disease in which it was given up.

Homœopathy has reduced the death rate in cholera from fifty to fifteen per cent., in yellow fever from eighteen to six per cent., in peritonitis from thirty-two to seven per cent., in erysipelas from eight to one per cent.

It has robbed pneumonia of its terrors and reduced its death rate from twenty-four to six per cent. Scarlet fever has no frightful mortality under its treatment, and the mortality of diphtheria is lower under homœopathic treatment. Mercurius cyanatus—one of our sheet anchors in diphtheria—is being used in many cases by allopathic physicians, and by its use results are exceedingly gratifying.

The question is often asked: How do homœopathic remedies act? How is it possible for them to have an effect? When the material amount of the drug is apparently in small quantity. Can you explain to me why it is that morphine will quiet pain? Can you explain the modus operandi of the law of gravitation? Can you tell me how it is that bacilli act as they do? Suffice it to say that they do act, as many conditions exist the phenomena of which we cannot explain.

I have known physicians who would hoot at a potency and yet fly like a frightened crow from a bacillus, varying in size from four to six millimeters. They can hardly eat, drink or sleep for fear a little microbe of the fifteenth culture will light on them somewhere, but there is nothing in a potency.

Oh consistency, when prejudice gives way to honest, earnest investigation for truth, the world may be the better for it. Now, in conclusion, allow me to quote from an article written by one of our prominent homœopaths: "Truth is eternal and unchanging, the inevitable relationship of things which preserve their unity. It cannot be disposed, and if ignored, the penalty of ignorance, indolence and impudence is to pay. It demands the submission of the ambitious man and wins the reverence of the student. The right relationship of facts, events and truths is the chief concern of men today. The greatest thing in the world is to know the truth. The bravest thing in the world is to live it. The world is progressive. It is ever approaching a correct understanding of this unchanging relationship. In every branch of learning new truths are being revealed, new laws discovered, and he who would win the crown which truth awards must adjust himself to ever-changing conditions and be ever ready to accept the truth."

PAGET'S DISEASE OF THE NIPPLE. (MALIGNANT PAPILLARY DERMATITIS. ECZEMATOUS-EPITHELIOMATOSIS OF THE NIPPLE, ETC.)*

BY DR. C. F. JUNKERMANN, COLUMBUS, OHIO.

PAGET'S disease of the nipple is a rare, inflammatory, malignant disease of the skin, affecting chiefly the nipples of women, and less frequently the penis and scrotum of men. This is a variety of epithelioma first described by Paget in 1874. It occurs almost exclusively in women and usually attacks the right breast. In the early stage a well defined, intensely red, granular-looking patch forms on the surface, from which exudes an abundant viscid secretion. Occasionally the affected surface may be covered with scales or crusts, and burning or itching sensations give a subjective as well as an objective resemblance to eczema. From a small round lesion, half an inch or less in diameter, extension may occur uniformly or less regularly until all of the areola and some of the outlying skin is invaded. After a variable duration running into months or years, a button-like infiltration occurs into the whole thickness of the skin beneath the surface lesion and which can be appreciated by pinching up the patch with the thumb and fingers. Following the induration, perhaps years later, the nipple becomes more and more retracted, and if the process is not arrested by treatment nodular growths in the skin or deeper parts may develop, ulceration and the usual train of symptoms of cancer of the whole breast ensue.

The duration of the disease varies widely from four to twenty years or even longer. Dr. Dearborn cites two cases, one a woman of seventy, during the last year of her life, when the whole breast was involved, gave a history of beginning with a typical lesion three years before, a duration of four years, ending in death from cachexia. In another case induration was apparent at the end of two years, but was arrested by treatment without further development.

Although Paget's disease, in its evolution, becomes an epithelioma, authorities differ in opinion as to its primary nature, some believing it begins as a keratosis, others as an eczematous type of inflammation from the start. Cases of the disease on the penis and scrotum, and on the nipple of men, have been reported. Hyde states

*Read May 14, 1913, at 49th annual meeting of the Homœopathic Medical Society of Ohio.

that in such cases the process is identical with that of superficial discoid epithelioma.

Etiology.—The disease has a marked preference for women, and chiefly those in middle or advanced life. The efficient cause is unknown. No doubt the irritation and fissures produced by the suckling of babes is a contributive factor. In rare instances it has been known to occur on the breasts of men having a pre-existing skin disease. The chief recognized factor in the causation of Paget's disease may be briefly summed up as chronic irritation of some part of the surface tissue predisposed to abnormal growths of epithelium, sometimes from hereditary influences, but more often from conditions acquired by age. Heredity is believed by Lewis to be a minor influence, and the disease is rare under thirty, though occasionally a malignant type of cancer is observed in young people. After middle life the tendency to the disease increases with age, and Thiersch has sought an explanation of this predisposition in the wasting of the connective tissue of the skin in older persons and a subsequent lessening of the barriers to the ingrowths from the epidermis.

Pathology.—It was formerly believed that the disease followed an ordinary eczema, but more recently it has been shown that the disease is malignant from the start. There is at first an inflammation of the papillary layers of the skin, followed by œdema and epithelial cell proliferation. The pathology is at first superficial, but later the lactiferous canals and glandular structures become involved. Connective tissue involvement, with its characteristic contractions, takes place later on, giving rise to retraction and hardness.

Diagnosis. In the beginning it may be differentiated from eczema with some difficulty, but the age of the patient, the persistence of the disease, the fissured and painful condition of the skin with its definite margins and limitations, and often granulations, should suffice to establish the diagnosis.

Prognosis.—Paget's disease, while involving only the superficial epithelium and before the lymphatics are involved, usually respond very readily to the properly selected remedy. After the lymphatics have distributed the seeds of the disease and sometimes in the deeper nodular forms a cure is more difficult and not within our limited ability. Though some cases are rapidly fatal, many continue without impairment of the general health for many years.

Treatment.—Among the many methods of treatment the properly selected homœopathic remedy administered in accordance with the homœopathic law of cure gives the only hope of a permanent eradication or cure of this disease, all other methods such as radiotherapy, surgery or mechano-therapy are no more than illusions like placing a lighted candle under a tub where it is consumed while being hidden from our vision.

In Dearborn's "Diseases of the Skin," page 493, he gives a case in stage of induration, as follows:—"Patient is a thin woman of sixty-five. Disease began two years ago as a small, reddish, scaly lesion near the nipple. Within a year small nodules have appeared in the skin about the nipple, the latter has become retracted and more recently a slight discharge has occurred from the base of one or more nodules. The glands of the axilla are unaffected. Burning sensations have been quite common and often worse at night. Cured by the use of Conium, third decimal, internally, and the local application of a three per cent. fuchsin ointment. It was the left breast that was involved in the above case."

My personal experience with Paget's disease has been very limited, but the results have been gratifying to my patients, as well as to myself, hence you may take the following clinical cases for what they appear to be worth:

Case I. Mr. N. McC., age 65 years, dark complexion, slender, about 5 feet 6 inches tall, had been for ten years suffering with Paget's disease of the scrotum and penis, which was very annoying; painful, burning, itching scales and crusts formed constantly, which, when removed, would leave a very red, inflamed surface, which would then become moist and scales and crusts would reform. Many local and other forms of treatment had been used, ointments had been applied, which were so strong that all the superficial surface was removed, leaving the parts like raw beef. It required a little more than one year to complete a cure; the following remedies were given, as they appeared indicated: Sulphur 30, then 200; Thuja 30, Mezereum 6x, Arsenicum alb. 3x, Graphites 30x, Rhus tox. 3x, and Psorinum 12x. The cure was completed and remained permanent after the last named remedy was given, this was in 1902. In this case I believe we had psora and sycosis to combat in accomplishing the cure.

Case II. Mr. Wm. H. B., age 49 years, a bookkeeper by occupation. Has an induration of areola around nipple of left breast, nodular formation, light scales, and slight moisture; has been noticeable for about one year, experiences stinging, burning, bruised pain. Only cause patient could state was probably from leaning against his desk while at work, the desk being of such a height as to bring the pressure over the nipple of left breast. Arnica 3x D. was first prescribed, after which the soreness diminished, but the hard induration and burning, stinging or shooting pains remained. Conium 6x D. was then prescribed after which the tissues resumed their normal appearance.

Case III. Mr. C. L. S., age 50 years, light complected, very fleshy, robust appearance. Five years previous to his calling on me he had what was diagnosed as an epithelioma removed from his lower lip with a plaster of what he called axle grease, which left quite a deformity of the

lip, and soon after the lip was all healed up he noticed an irritation of the nipple and adjacent areola of right breast, scales would keep forming and dropping off and the parts finally became indurated and nodules formed, accompanied with pain inbreast, extending toward axilla; there was no noticeable involvement other than the nipple and areola. Had gonorrhœa several times many years ago, which had been treated locally with astringent injections. Has never felt just right in reproductive organs since, also a mucous discharge from bowels almost daily. Thuja 30x was prescribed; the scales formed twice after taking the Thuja, and in six weeks the breast appeared normal.

Case IV. Mrs. J. J. B., age 75 years, medium height, dark complexion. Grandfather died of cancer of face, father also had cancer of face. Patient had not been feeling well for nine years. First deviation from health was noticed in the way of nervousness, would get weak and nervous from the least exertion, has sensation of falling forward. Imagined she was on a high building and was going to fall off. Would wake up at night with a weak feeling in arms from elbows down to hands. Drawing sensation in left leg as if too weak to raise from floor, pain around region of heart with constriction of chest, unable to breathe deeply. Aching pain about heart which would last half day at a time. Blurring before both eyes. Left eye feels as if swelled and puffy. Neck weak, seems too weak to hold the head up. Alternate constipation and diarrhœa. Reddish, scaly lesions formed about the nipple of right breast about four years ago and about two years later the glands became indurated, turning a dark blue color and having cutting, burning pains. The pains radiate from the nipple, are worse at night. Carbo animalis 30x Tr. relieved the pain, and restored the color to almost normal; Natrum muriaticum seemed to decrease the induration to some extent; under Phytolacca the patient suffered no further inconvenience from the breast, but died in the south about three years later of dysentery.

The carefully selected homœopathic remedy for each case gives the only hope for a permanent correction of the abnormality. Among the most frequently called for remedies you will find the following list:—Arsenicum alb., Arsenicum iod., Carbolic acid, Chelidonium maj., Cicuta virosa, Conium mac., Condurango, Carbo animalis, Euphorbium, Hepar, Hydrastis, Hydrocotyle Asi., Kali chlor., Kali phos., Kali sulph., Kreosotum, Lachesis, Merc. cor., Muriatic acid, Phytolacca, Psorinum, Sulphur, Sepia and Thuja.

Lilium tigrinum.

Cactus is not the only remedy that has a constrictive feeling about the heart. The symptom: "A pain in the heart as if grasped by a vice." is also found under Lilium tigrinum.

IMPERATIVE NEEDS OF THE HOMŒOPATHIC SCHOOL.

BY LEWIS PINKERTON CRUTCHER, M. D.

A consideration of the imperative needs of the homœopthic school does not imply a consideration or criticism of the individual practician of Homœopathy except, perhaps, as it may involve more or less indirectly his responsibility to or dependence upon that school.

The needs of the homœopathic school, *per se,* is clearly a communal problem wherein the interests of the individual or unit becomes secondary to the approved interests of the whole. The interests of the individual practician are quite too numerous and personal for abstract discussion, while those of the school are few and definite.

The subject in hand might well have been a remedy for the homœopathic school, for, indeed, diagnosis becomes but "A sounding brass and a tinkling cymbal" without the offering of a definite curative medicament, and the purpose here is to prescribe a cure rather than to indulge empty preachment. That the homœopathic school is *afflicted* is acknowledged by all of its courageous adherents—that it can be cured is admitted by all of its communicants except its cowards. Whether it will be cured remains to be seen since treason and smug complacency must first be eliminated before the way will be open for permanent relief.

While pathognomonic certainty is not essential to the selection of a curative remedy, it is necessary that all of the symptoms be known before intelligent therapeutic procedure is possible.

Careful examination of the case under investigation shows among other things, that the disease we intend to eradicate was caused by a germ—which will be readily recognized when named the American Medical Associacoccus. This malignant specimen was isolated in Dearborn Street, Chicago, by that band of medico-political laboratory experts, Simmons, Murphy, C. A. L. Reed, McCormick, *et al.,* aided and abetted by humanity's acknowledged, though somewhat fussy wet nurse, Harvey W. Wiley.

This germ operates very extensively in the legislative halls of the nation, the state and the municipality, and a strange circumstance is that in the face of the disease and destruction that follow in its wake its champions vehemently insist that it is a benign bug.

It is a mistake to believe that this pathogenic parasite was ever placed under a microscope, or ever will be, for it is both too big and too proud to submit to humiliating classification with those minute things that are supposed to cause leprosy, small-pox, bubonic plague, and similar comparatively trivial ailments. Rather has it risen to the dignity of virile activity in high places, sting-

ing a Senator from Oklahoma or a self-serious State Legislator with like immunity; buzzing expectantly the while over the President's Cabinet and over a Congress that might be persuaded to clinch state medicine through a Federal Department of Health.

Its other fields of activity are the public schools, state eelesosynary institutions, the American Army, the American Navy, the United States Public Health Service, and the Medical Reserve Corps, in none of which "cultures" will it brook interference nor share its pabulum with any alien germ.

It has been noticed also that it delights to infect the Homœopath whose resistance happens to be below par, and, in fact, one may be justified in the suspicion that the homœopathic profession has proven to be one of its most fertile mediæ.

The "by-products" of this momentous animalcule are:

Composite State Medical Examining Boards.

An Association of American Medical Colleges.

Persecution of competition in whatever form it may appear.

National, state and municipal enactments calling for compulsory submission to its practices.

A monopoly of medical offices and responsibilities that under justice and honor would be distributed.

These and many other policies that go to characterize its arrogance and feudal power.

Through its composite examining boards we find that practical control of the conscientious physicians of every school is made easily possible from Dearborn Street, while the rascal, the fraud, the faker, continues to flourish without serious embarrassment.

Through the presumptuous operations of its Association of American Medical Colleges it has sounded the doom of every young man or young woman in democratic America (*sic*) who would have the temerity to step into halls of medical learning from other than the velvety retreats of wealth and aristocracy.

Through its policy of persecution it has refused personal courtesy and professional recognition to practicians of all completing systems pending submission to its demand that the alien shall stultify himself by soliciting election to membership in its local organization, after which election, though he be a forgotten and altogether lonely renegade, he becomes forthwith "a gentleman and a qualified, cultured physician."

Through compulsory medicine it has enforced and yet enforces, particularly upon non-resident school children, certain of its tenets, which, according to its own contention, and in line with its accustomed logic, are so true and intelligible that twentieth century civilization must be compelled, under protest, to submit to them—God save the mark!

It has laid claim to monopolist control of all public medical agencies, thereby demonstrating the superiority of its organization, if not, albeit, the efficiency and desirability of its therapeutic contentions. Wealthy beyond the dreams of avarice, its wealth has been made a substitute for wisdom, and numerically strong, like an invading army, it marches forth to conquer both those whom it would have for patients and those who would dare compete.

In the light of these facts it would seem superfluous to suggest a remedy, yet it would be but sheer recklessness to intimate that a remedy is not needed.

Fundamentlly, the measure necessary for relief must correct the existing condition and at the same time raise the resistance of the homœopathic school against any further encroachments by the germ in question.

First, then, let the decks of the American Institute of Homœopathy and the several state homœopathic societies be cleared for action by refusing to elect to any of their offices or posts of honor any man or woman who has manifested a readiness to compromise with the force that is bent on our destruction as a school.

Second, let the American Institute of Homœopathy, at Denver, call up and pass, and enforce withal, a resolution offered at the Pasadena meeting in 1910, by its present First Vice-President, Dr. Henry R. Stout, which was in effect, that any Homœopath who becomes a member of the American Medical Association or its contiguous societies thereby surrenders his membership in the American Institute of Homœopathy. This resolution would meet the hearty approval of the American Medical Association since it prefers complete subjection, and certainly the God-and-Mammon man is a misfit in the homœopathic school, for in the fight that we must now wake if our school is to be saved those who are so "broad" as to feel comfortable in the ranks of both forces would be so broad as to be the first to fall (which would be the proper order of their going) and they would serve only to "mess up" the battlefield.

Third, let our homœopathic colleges without exception, announce in definite terms that henceforth no man other than a representative of the American Institute of Homœopathy shall enter their buildings for the purpose of inspection, and thereby we will prevent the further "Fletcherizing" of our institutions of learning by the Flexnerized Association of American Medical Colleges.

Fourth, let us go forward as rapidly as political expediency will permit, in the full determination to restore to our school in every state the only medium through which the homœopathic physician can hope for that absolute justice to which he is entitled, that is to say, the State Board of Examination or registration of Homœopaths for Homœopaths. If the homœopathic

school continues to countenance the examination and registration of its adherents by boards upon which aliens sit, and which are dominated by them, it cannot consistently criticise or censure the homœopathic physician who joins a medical society maintained by and for these same aliens.

Then the greatest need of the homœopathic school is that it promptly and permanently withdraw from that unholy alliance with the germ that gnaws menacingly at its vitals; that it restore its pristine independence and self-respect which are essential to the success of any organization with a mission and a message.

The remedy is radical but of much potency, and if applied we will early know its efficacy for it will mean a separation of the sheep from the goats, the courageous from the cowardly, the Homœopath from the haphazard, and although in this new alignment dead leaves may fall away here and there we will find that the tree is stronger and greater when in the spring time of its regeneration it shall bloom again going triumphantly on toward the consummation of its solemn compact with human kind.

REPORT OF NECROLOGIST, MISSOURI INSTITUTE OF HOMŒOPATHY.

Necrology.

The Grim Reaper has again made his demands upon the honored roster of our members, and we, who from our intimate association with them, had learned to love them during life, have now nothing but cherished memories of loved companions and of conscientious, sincere and hard working members of a most honorable profession who have now taken passage for the Isles of the Blessed that dot the crystal seas whose sparkling waves have never as yet caught the reflection of a returning sail.

It is well that we linger upon their memories if only for a moment for it may be but a short time when we also shall set out upon the search for the Land of the Hereafter where dwell the loved ones who have gone before, and when we undertake the journey and shall have passed the breakers and the perilous rocks that beset us at the very onset of our voyage, may we each one of us

Meet the Pilot face to face
When we have crossed the bar.

BAYLIS CHAMBLIN, M. D.,
Necrologist.

William H. Jenney.

William H. Jenney was born in Norwalk, Ohio, in 1840. He was a direct descendant of John Jenney, one of the Pilgrim Fathers who landed at Plymouth on the "Anne" in 1623.

Dr. Jenney was a student in Cleveland Hospital College at the commencement of the Civil War. He enlisted in the Hospital Service but was discharged for physical disability, resumed his studies and graduated in 1862. He practiced in Toledo and Fond du Lac, Wiscosin, and went abroad for further studies in his profession; returning in 1870, he settled in Salina, Kansas, and shortly afterwards removed to Kansas City, which he made his home. He planted Homœopathy in Kansas City on high grade lines, and made this system strong and influential. His health finally failed, and he removed to San Diego, Cal., and passed away October 19, 1912.

Dr. Jenney was not only a successful physician but a shrewd business man and his foresight in real estate made him a lucrative livelihood, and his associations in business and in social duties were among people of the highest type. He was a credit to the profession which he had adopted as his life work.

Dr. Elihu B. Thomas.

Born in New York, March 22, 1827; after learning the printer's trade he came to St. Louis and joined the St. Louis Light Artillery for service in the Mexican War. He served with Col. Doniphan in the fighting before Chihuahua, and assisted in the capture of that city and participated in the long marches to the City of Mexico and the triumphant return to New Orleans where the command was mustered out.

In the Civil War he was appointed captain of Company A, Missouri Militia.

He engaged in the printing business, and was the first publisher of the St. Louis *Dispatch.*

He also was a member of the Legislature during the administration of Gov. Gamble.

He studied medicine and graduated from Hering Medical College March 16, 1882.

He graduated from the Homœopathic Medical of Missouri, March 1, 1883, and took a post-graduate course in materia medica, etc., March 7, 1884.

In his early life he was manager of a theatre owned by Ben de Bar, on Olive street, between Third and Fourth streets.

In all stages of his career as soldier, legislator, business man and physician, in every undertaking, he was not only a success in every position but an earnest, polished gentleman.

Dr. John L. Dryden.

Dr. Dryden who passed away on December 25, 1912, was one of the men that made Homœopathy recognized through all parts of this state as well as a contiguous territory. As an anatomist he was in the front rank, and was a professor in the Homœopathic Medical College of Missouri, whence he had graduated, until that institution ceased to exist. He was then chosen as professor of the same branch in the College of Physicians and Surgeons. He was affiliated with all of the societies of the state and city, and was a man worthy of his profession.

Dr. William E. Green.

Dr. Wm. E. Green had been a long while a resident of Little Rock, Ark., and in his latter years his health has been precarious and died from an attack of pneumonia. As a surgeon of the homœopathic school he compelled attention and received the praises from all classes of citizens for his successful and brilliant work which marked his career in the state of Arkansas. He was the first to operate for appendicitis, also for ovariotomy, and the first in the nation to do a laparotomy for pelvic abscess. It may seem a simple matter in this day to perform a surgical operation now that that branch of the science has become so well developed, but to men like Dr. Wm. E. Green the world owes a debt that can never be repaid, and all that can be said in his praise would be well merited. As a man he was beloved by all his acquaintances and all his patients, and his untimely taking aff is a matter of general regret.

CORRESPONDENCE.

TURN HOMŒOPATHY LOOSE.

To the A. I. H.:

In my opinion the most important subject for your deliberation at Denver in July is the propagandism of Homœopathy.

Adopt the resolution and program of the Council on Medical Education that will be submitted by the Trustees, and you will have done the greatest work in your history.

Loosen the chains, strike off the shackles, and turn Homœopathy loose. We have been bound by the superstitions of traditional medicine for more than one hundred years, and it is time we were realizing our duty to man. The time was never more opportune, the "Macedonian cry" never greater.

Surgery is rampant, the serum treatment is at its highest experimental stage, hence disease, death and destruction are in its wake. The people are crying for help. How long will Homœopathy stand by and see the wanton destruction of human life?

As far as it is possible, individually, I have used every suggestion offered by the Council on Medical Education that will be presented to your body, and I know it is good. Paris, Texas, is one of the best homœopathic towns in the south, and all because I have advertised Homœopathy, and practiced it to the best of my ability, imitating the master as near as I could.

I am truly sorry I cannot be at Denver with you. I would delight in being with you and lend my mite in the this great cause. Do not for a moment overlook the fact that our friends of the old school are the greatest advertisers of the age. There is scarcely a paper that does not contain some of the work of their advertising bureau—Bureau of Education, as they please to call it.

Fraternally and faithfully,
G. F. Thornhill, M .D.

BOOK REVIEWS.

Psycho-Analysis. By Ernest Jones, M. D., Toronto. New York: William Wood & Co., 1913.

This is a collection of papers on Psychoanalysis, and these are divided into general papers, papers on treatment and papers on education. It is one of the most comprehensive works on the subject. Most of Professor Treud writings have not yet been transcribed, but thanks to the work of Jones, we are enabled to grasp their importance and apply their principles. This book is intensely interesting and practical, and we commend it to our readers as the best work we know on the various phases of psycho-

Insurance Medicine; Being Suggestions to Medical Examiners. By Henry H. Schroeder, M. D., Medical Director, Mutual Life Insurance Company, of New York; Editor Insurance Department, Medical Record. Reprinted from the Medical Record. New York: Wm. Wood & Co., 1913.

PHARMACODYNAMICS AND THERAPEUTICS.

BY ALBERT E. HINSDALE, M. D., BAY CITY, MICH.

Arsenic.

The fatal dose of arsenic for rabbits are 14 mg. per kg., by mouth; 7 mg. per kg., by intravenous injection of magnesium sulphate. Fatal poisoned with such quantities of arsenic can be saved by 0.25 to 0.5 g. magnesium sulphate per kg. Smaller doses of magnesium are uncertain, and 1 g. is too toxic. Animals injected intravenously with Fowler's solution are not saved by previous subcutaneous or simultaneous intravenous injections of magnesium sulphate. Fatal doses of arsenic given by mouth or injection subcutaneously are rendered harmless by magnesium sulphate (per os or subcutaneously) because of the formation of the insoluble magnesium arsenite, thereby preventing the arsenic from entering the blood stream.—*Chemical Abstracts.*

Thuja in Hydrocele.

"Make a mixture of equal parts of warm water and Specific Medicine Thuja. Mix by drawing a quantity in a syringe and forcing it back with the descent of the piston. Then draw up about two drachms of the dilute mixture in the barrel of the syringe to be ready for use. Send a large

exploring needle into the sac of the tunica vaginalis testis and let the fluid escape. Now before withdrawing the needle, place the nozzle of the loaded syringe into the needle's open mouth and with a plunge of the syringe's piston send the diluted Thuja into the cavity recently distended with serum. Then make the liquid enter every crevice in the sac of the hydrocele, kneading and pinching the scrotum quite vigorously. The hollow needle is then withdrawn. The provoked pain is considerable for an hour or so. The patient then goes about his business and no additional treatment is required. For a day or two there is some swelling of the scrotum, making it appear that there is a reaccumulation of serum in the sac, yet this passes off in a week and the disease is radically cured."

This action of Thuja is vouched for by hundreds of careful, observing physicians everywhere, and I have no doubt success will follow in this case if directions are carefully followed. I might state that my plan is to aspirate the serum, instead of allowing to drain by gravity.—*The Gleaner,* Jan., 1913.

Milk.

Chemical changes produced in cow's millk by Pasteurization are as follows:

(1) Milk Pasteurized by the holder process at 62.8 C. (145 F.) for 30 minutes does not undergo any appreciable chemical change.

(2) The soluble phosphates of lime and magnesia do not become insoluble. At 68.3 C. (155 F.) the quantity of phosphoric acid, lime and the magnesia in the serum of both raw and Pasteurized milk are practically the same.

(3) The albumin does not coagulate at 62.8 C. (145 F.), but at 65.6 C. (150 F.) 5.75 per cent. of the albumin is rendered insoluble. As the temperature increases the amount of coagulated alubmin increases. At 68.3 C. (155 F.) the quantity increases to 12.75 per cent., and at 71.1 C. (160 F.) it amounts to 30.78 per cent.

(4) The time required for coagulating the casein by rennin is slightly less in milk Pasteurized at temperatures up to 65 C. (149 F.) than it is in raw milk. At 70 C. (158 F.) there is a slight retardation, while at 75 C. (167 F.) the time has almost doubled.

(5) The acidity as determined by titration is slightly diminished in Pasteurized milk.—*U. S. Dept. of Agriculture Bulletin,* 166.

Hypericum.

Early in my professional life I became interested in a case of progressive muscular atrophy which was under Doctor Talcott's care. The patient was a man of twenty-five years old, of exceptionally fine mentality and physique, and with an entirely negative history, except for the fact that he had strained himself severely the previous year while doing some heavy lifting. At that time he experienced a sensation as of something snapping between his scapulæ, accompanied by intense pain in that region. When our attention was called to the case, the following symptoms were prominent: Atrophy and partial loss of power in muscles of right arm; beginning atrophy in the near muscles of left hand; fibrillary twitching in arm and chest muscles, which twitching became very aggravated and distressing when the patient was under any kind of strain or excitement.

Wishing to have the diagnosis verified, I accompanied this patient to the office of the late Dr. E. C. Seguin. Professor of Nervous Diseases in the College of Physicians and Surgeons, and who at that time was considered one of the best clinical diagnosticians in nervous diseases in New York. After a careful examination, Doctor Seguin pronounced it a well defined case of progressive muscular atrophy of spinal origin, and recommended Kali iodide in appreciable doses. He advised taking good care of the general health, but would offer no hope looking to recovery, stating that it was not likely that the patient would live much longer than three years from that time.

Doctor Talcott advised that Hypericum be tried. This was done; at first in subdivided doses of the homœopathic tincture, and as relief followed its use, the patient formed the habit of carrying with him daily a bottle of the tincture, taking a few drops as needed. Thirty-four years have passed, and the man has been continually self-supporting. Although there has been deformity and loss of power in the hands and arms, yet he has had sufficient strength and coordination to enable him to do clerical work, while with a natural executive ability he has done considerable supervising.—*C. Spencer Kinney, M. D., in the Chironian, Oct.,* 1912.

Pituitrin.

Hengge reports (*Münch. med. Woch.,* Dec. 10) twelve labor cases in which pituglandol and pituitrin were administered, with the following advantages: 1. The labor was perceptibly shortened, which in indicated cases was a great advantage to the mother. 2. No untoward effects were observed for mother and child. 3. In cases where the disproportion between the size of the head and pelvis was not too great the increased pains forced the head into the pelvis, and any operative procedure was then more easily performed with much less danger to mother and child.

Sodium citrate.

Sodium citrate may be given instead of sodium bicarbonate to counteract acidosis. As much as 1½ ounces can be given in twenty-four hours, in lemonade, or by rectal injection. When given in larger doses by mouth, it does not cause the gastric disturbance which sodium bicarbonate occasionally does.—*Critic and Guide, April,* 1913.

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THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

THE homœopathic and other modern schools of treatment have come to see very clearly that if their institutions of learning are to live they must free themselves from the merciless domination of the American Medical Association operating through its Association of American Medical Colleges.

This does not imply a lowering of educational standards in medicine, as is charged by the medical monopolists, but it does mean that *protesting medicine* shall not be measured by the allopathic yard stick of the A. M. A.

The charge that the homœoapthic school has a leaning toward meagre medical education is proven utterly false by the fact that the new school always has taken the initiative in the improvement of the medical curriculum. The point at issue has to do with the *requirements for entrance* upon a course of medical study, and particularly whether one school shall be permitted to dictate to all other schools in this and other purely intra-scholastic matters.

It is most amusing to observe these sticklers for A. M. A. domination referring in familiar way to the B. S. degree, when, in fact, the large majority of them got *their* entrance requirements in the copper-toed three R's brigade, and whose only personal knowledge of the B. S. degree came from the invigorating vacation pastime of scattering fertilizer over broad expansive acres.

A high school diploma may not signify that the holder is prepared to master the medico-political rascality that now characterizes the American Medical Association; but that such training does prepare him for the study of medicine and surgery none who is observant or honest will dispute.

It would be foolhardy to argue against the desirability of a college or university education, and yet it were quite as senseless to contend that unless a boy have such preparation he could not develop into a successful physician.

The university, like a set of false teeth. is all right in its place, but to place it between an ambitious American boy and the exercise of his prerogative is manifestly criminal.

A meritorious medical college may be depended upon successfully to teach an intelligent graduate of a district school the rudiments of medical knowledge, while, on the other hand, it is probable that even *Father Abraham* Flexner himself would not cherish the task of outlining a course of medical study for the pampered pet, whose only assets are a period in a literary college and a rich parent.

"You can drive a horse to water,
But you can't make him drink;
You can send a boy to college,
But you can't make him think."

The basic issue in this premise is not whether a preliminary education be good or bad, necessary or unnecessary—it is simply and only whether the American Medical Association through and by its association of American Medical Colleges shall be longer permitted to pass with finality upon the affairs of our homœopathic colleges—and once this is definitely settled we can then take up that other question of *entrance requirements,* and settle it as to *us* seems best.

This year of our Lord nineteen thirteen finds the homœopathic profession fully awake to the pernicious political tactics of the American Medical Association, and a rainbow of hope may now be seen to dip ominously into the Rockies near Denver.

L. P. C.

REPORT OF THE DIRECTOR OF THE PROPAGANDISTIC FUND AND SECRETARY OF THE COUNCIL ON MEDICAL EDUCATION.

To the Honorable Board of Trustees American Institute of Homœopathy:

The action of your honorable board at the meeting in Pittsburgh on June 20, 1913, placing the matter of providing the Council on Medical Education and the Field Sercretary with funds,

in the hands of the Council itself with the Secretary thereof as general director of the work, has inspired the Council to an arousing of its activity, an activity not extinguished but perforce compelled by financial reasons to lie dormant for several years.

At the meeting of your honorable board in Cleveland, Ohio, on December 7th, the Secretary and Director of the propagandistic fund reported as a preliminary work the securing of pledges to the amount of $2,172.00 and collections of cash amounting to $458.50. Since this meeting reports have been made monthly to the Treasurer of the Institute: the work has been pursued energetically all over the United States, and at the present time the status of the propagandistic fund is as follows:

Pledges, $7,433.00. Cash, $1,715.65.

Certain members of Board of Trustees at the meeting on December 7th agreed to underwrite each to the number of 125 pledges, thus securing not only interest but valuable assistance in the work. The following is the division of the country in the plan and the number of pledges secured thus far in each district:

67, Dr. J. P. Sutherland, New England.

54, Dr. T. H. Carmichael, N. J., Eastern Pa. and Md.

127, Dr. A. B. Norton, New York.

43, Dr. J. M. McClelland, D. C., Western Pa. and Va.

70, Dr. G. J. Jones, Ohio and Ky.

67, Dr. J. P. Cobb, Illinois.

102, Dr. Geo. Royal, Ia., Neb., Mo., Ken., Wy., Col.

41, Dr. E. C. Mann, Ind., Minn., the Dakotas, Mont.

125, Dr. J. W. Ward, the Pacific Coast.

48, Drs. W. B. Hinsdale, W. O. Forbes, H. R. Stout, remaining States of the Union.

As there was no time set for the fulfillment of these underwriting pledges, it was presupposed that the time for the same would expire at the present meeting of the Trustees, contemporary with the Institute meeting. We would recommend, however, that the time be extended to the annual meeting of the Trustees in December, 1913.

There have been some obstacles to the procuring of this fund of a local nature. In Iowa the matter was overshadowed by the more important one of college preservation, on the Pacific Coast, legislative matters needed such financial support that it was thought unwise to press our claims. In Massachusetts, Illinois, Pennsylvania and other sections local matters have somewhat interfered, but, on the whole, the movement has met and is meeting with a warm and cordial reception, and the Council entertains no doubt but that a sufficient fund will be raised without difficulty.

We cannot refrain from mentioning the prompt and efficient work of Trustee A. B. Norton in connection with Dr. J. B. Garrison of the Council. Dr. Norton's full complement of 125 pledges have been secured, and several more of these have amounted to more than the required $10.00. Not only this, Drs. Norton and Garrison secured on the pledges of several years ago payments amounting to $126.00. The activity of these two physicians has brought to the fund in pledges the amount of $1,481.00, which exceeds the underwritten sum of $231.00. Also Trustee Dr. James W. Ward, of San Francisco, notwithstanding the strenuous legislative work done the past winter secured the full number of pledges underwritten.

It is also to be mentioned that quite a few of the pledges signed were from the laity, and in this particular we must mention the good work of Mrs. William Alvah Stewart, of Pittsburgh; Dr. H. F. Biggar, of Cleveland, Ohio; Dr. J. W. Overpeck, of Hamilton, Ohio; Dr. Gabriel J. Thornhill, of Paris, Texas, and Dr. J. B. Garrison, of New York.

The question of the Field Secretary, which was left by your honorable board in the hands of the Council, was solved by the unfortunate death of Field Secretary Arndt, and to the present time the Council has not sought to fill the office for the following reasons:

First. The fund is insufficient to carry on the work of the Council and Field Secretary at present.

Second. It is believed that the necessity for a paid representative of the Institute is of less importance than other activities.

In April of the present year a circular letter embodying the program of the Council was issued and is serving its purpose of informing the profession of the plan of our proposed work.

The work actually done by the Council during the past year may be summarized as follows:

First. The propagandistic fund movement already referred to.

Second. The perfecting of the records in the office of the Secretary, so that at the present time we have an up-to-date card catalogue of the homœopathic physicians of the United States that is approximately correct.

Third. We have written to every literary college of the United States to secure the names of the members of the 1913 graduating class who are expecting to take up the study of medicine as a profession, and have furnished the deans of our colleges with lists and the candidates with literature on Homœopathy.

We have not done this in the case of the high schools of the country because of the expense that would incur, and further, because few of our states will now accept as premedical qualifications a simple high school diploma. This

latter work, however, we deem of great importance for we cannot too early begin to instruct our young men and women in the homœopathic field.

Fourth. We are accumulating complete and thorough data concerning all our teaching institutions and filing the same for future use. There no longer exists any necessity for any state board in the Union to apply to the American Medical Association for any information whatever concerning our medical schools. Our members on state boards of examiners and health should see to it that the rating of our colleges before the various boards should come from our own Council on Medical Education and not from the ratings placed upon them by antagonistic commissions like those of the American Medical Association, Carnegie Foundation or other self-appointed medical censorial bodies.

Fifth. We have issued as propagandistic material an editorial appearing in the *New England Medical Gazette*, entitled "The Quintessence of Arrogance."

The program of the future work of the Council is the circular letter made part of this report. The Secretary feels that until a sufficient sum is in the fund to carry on the work for the period granted by the Trustees, namely, five years from July 1, 1913, that it is best to move along conservative lines, and to this end advocates that the Council budget its fund among the several departments that it undertakes to cover, such as general office expenses, publications, lectures, legislative work, student propaganda, etc., it being understood that inasmuch as those who have signed the pledges have done so on a five year basis, and, therefore, there cannot be used, even though collected, moneys that should belong to the years to come: in other words, one-fifth only is available each year.

Finally, it may be proper to call attention to the fact that the Council on Medical Education had absolutely no fund whatever provided for its use until the meeting of the Trustees on December 7th last when the first report of the Council on the fund was made and the further fact that to-day that we have pledges to the amount of $7,433.00, and a fair balance of cash on hand to commence the first year's actual work.

It is hoped and believed that this showing will meet with the endorsement of the Trustees and the approbation of the Institute.

Respectfully submitted,

SECRETARY.

Salvarsan.

In the British Medical Journal, 1912, is found the report of a case of pernicious anæmia successfully treated by two intramuscular injections of Salvarsan.

THE NEW CALIFORNIA LAW.

Analysis of the Act Passed by the Legislature of 1913 Regulating the Practice of Medicine.

By James W. Ward, M. D., San Francisco, Cal.

THE TITLE.

The title abandons the terms 'practice of medicine and surgery," "osteopathy" "and other systems or modes of treating the sick and afflicted." It describes the act as an act "to regulate the examination of applicants for license, and the practice of those licensed to treat diseases, injuries, deformities or other physical or mental conditions of human beings."

Section 1. Provides for a Board of Medical Examiners to consist of ten.

The distribution of the membership among the several schools is abandoned.

All may be of any one school if the Governor so appoints.

Any person holding license under any medical practice act of this state is eligible to appointment if he has been a citizen of the state for five years.

The term of office is increased from two years to four.

Appointments to fill vacancies are for the unexpired term only.

Persons "owning any interest in any college, school or institution engaged in medical instruction" are barred from appointment. But members of the faculty are not barred, though not more than one may be appointed from any one institution.

Note.—This makes members of the faculties of independent colleges and the medical departments of the State University and of Stamford eligible, while they were not under the old law.

The Governor has power to remove for "neglect of duty, required by this act," incompetency or unprofessional conduct.

Section 2. The Board is to organize on or before the first Tuesday of September, 1913, by election from its number a president, vice-president, secretary and treasurer.

Regular meetings are to be held in Sacramento.

Sections 2 and 3 are practically the same as the old law, except that the office of the Board is to be in Sacramento instead of San Francisco. One of the regular actual meetings is to be held there, and the Board is required to compile a State Directory of all persons who hold unrevoked licenses to practice. This directory is to be prima facie evidence of the right of the persons named therein to practice.

Section 4 is a re-enactment of Sections 5 and 8 of the present law.

Section 5 is a re-enactment of Section 12 of the present law, but specifically authorizing the Board to prosecute violations of the act, and to employ legal counsel for such purpose. The

secretary's salary may be $1,800 per annum instead of $1,200 as under the present law.

Section 6 makes all receipts of the Board of every kind a special fund for the use of the Board, and provides for a revolving fund of $1,000.

Section 7 provides that every applicant for a certificate shall pay a fee of $25, and is identical with Section 7 of the present law.

Section 8 provides that two forms of certificates shall be issued by the Board instead of three, as under the present law.

Note.—This is really only a change in form and not in fact, as only two forms of certificates —to practice medicine and surgery—and to practice osteopathy have ever been issued—the third kind provided for under the old law "to practice any other system or mode of treating the sick or afflicted" not referred to in this section, never having been issued because any one who could qualify for it could qualify for a regular certificate to practice medicine and surgery.

The two forms of certificate provided for by the new act are designated, (1) physician and surgeon certificate, (2) drugless practitioner certificate.

A "Physician and Surgeon Certificate" authorizes the holder to "use drugs or what are known as medicinal preparations in or upon human beings, and to sever or penetrate the tissues of human beings, and to use any and all other methods."

The drugless practitioner certificate authorizes the holder to "treat diseases, injuries, deformities or other physical or mental diseases without the use of drugs or what are known as medicinal preparations, and without in any manner severing or penetrating any of the tissues of human beings, except the severing of the umbilical cord.

When any of these certificates are recorded in the office of the county clerk where the practitioner practices, it constitutes him a duly licensed practitioner.

Section 9. Every applicant for a certificate must file satisfactory testimonials of character and a diploma issued by some legally chartered school, approved by the Board, "the requirements of which school shall have been at the time of granting such diploma in no degree less than those required by those under this act" (or satisfactory evidence of such diploma), and in addition the applicant for "Physician and Surgeon Certificate" must show that he has attended four courses for study each of 32 weeks, with an interval of at least ten months between the beginning of one and the beginning of the next; or if an applicant for a drugless practitioner certificate, that he has attended two courses of study of 32 weeks each, and that there is at least ten months between the beginning of the first and the second.

But it is provided that prior to January 1, 1919, in lieu of the diploma and preliminary requirements above, if the applicant can show attendance, for a drugless certificate of not less than 64 weeks, comprising 2,400 hours, and for a physician and surgeon certificate of 128 weeks, comprising 4,800 hours, with passing grades, he may be admitted to examination.

Note.—So far as I can see, the only difference is that up to January 1, 1919, the 64 weeks for the drugless and 128 weeks for the physician and surgeon may be continuous instead of being broken by vacations.

The preliminary educational qualifications are a diploma from a California high school or its equivalent "approved by the Board."

Of if the applicant be thirty years or more of age, he may present proof "of preliminary education equivalent in training power to the foregoing requirements."

After January 1, 1919, every applicant for a physician certificate shall in addition to his high school course have completed "at least one year of work of college grade in each of the subjects of physics, chemistry and biology."

Section 10. In addition to this showing of preliminary and medical education, applicants must "file satisfactory evidence of having pursued in any legally chartered school or schools approved by the Board, and course of instruction covering and including the following minimum requirements: 4,800 hours for "physician certificate, and 2,400 hours for drugless certificate," distributing among the various studies as detailed in the Act. These hours shall be actual work in the class room, laboratory, clinic or hospital, and at least 80 per cent. of actual attendance shall be required. The distribution of hours to subjects under each group may be varied within limits, but the number of hours in each subject shall not vary from the act.

Section 11. In addition applicants for physician and surgeon certificates must be examined in nine subjects, and for drugless in seven subjects. The remainder of the section is practically a re-enactment of the old law in regard to the method of conducting examinations, of the methods of obtaining secrecy, etc. But it gives a credit of one per cent. upon the general average for each year of actual practice since graduation. And it provides that all certificates must state the extent and character of practice permitted under them.

Section 12 is a re-enactment with some amplification of the latter part of Section 13A of the old law, authorizing retired army and navy medical officers to practice in California on the payment of a fee of $50.

Section 13 is a reciprocity provision of the new act.

It provides that the board must issue a physician and surgeon certificate to any applicant "without any examination" upon the payment of

$50 "upon the following terms and conditions and upon satisfactory proof thereof:"

(a) A license to practice in some other state or territory, not issued prior to August 1, 1901, and the requirements of his medical college, and of the Board issuing the license must have not been less than those required in California at the time diploma and license were issued.

(b) The applicant must furnish "from the board which issued said certificate (license) evidence satisfactory to the Board of Medical Examiners of the State of California, showing what the requirements were of the college or board issuing such certificate at the date of such issuance." If after an examination of such certificate and the production by the applicant "of such further reasonable evidence of the said requirements as may be deemed necessary by the board, and any other or further examination or investigation which the Board may see fit to make on its own part, it shall be found that the requirements of the board issuing such certificate were in any degree or part less than the requirements of California, the applicant will *not* be entitled to practice in California without an examination.

Note.—While the Board could not unreasonably refuse a certificate under this section, still it is so worded as to enable a Board hostile to any individual to raise so many specious doubts as to compel the applicant to go to the courts to enforce his right to a certificate, or else to be denied his right.

GENERAL AMNESTY.

Section 13 also contains the provision that has been spoken of as the General Amnesty clause, that authorizing the right of certificates without examination to practitioners from other states and countries licensed to practice elsewhere prior to August 1, 1901. It requires of such an applicant that he shall have been duly licensed prior to August 1, 1901, to practice medicine and surgery in another state or territory or the District of Columbia, and to have practiced there. His application must show his full name—all institutions at which he has studied; the date and description of all certificates issued to him; a statement of all places in which he has practiced medicine and surgery and "such other general information as to his past practice as may be required by the said board. The Board shall make such independent investigation of the character, ability and standing of the applicant as it may deem necessary, and if it shall find that the applicant has been a practicing physician in any other state, etc., and duly licensed to practice prior to August 1, 1901, and that his reputation is good in the community where he practiced, "they shall afford him an examination a day suiting the convenience of the Board not more than six months subsequent to the presentation of such application. Examination shall be oral, practical and clinical in nature, and full consideration shall be given to the duration and character of the applicant's practice." If, after such examination it is determined by a "majority vote of the said medical examiners conducting said examination" that such applicant is so qualified to practice medicine and surgery, and that his reputation and character in the community where he practiced is good, the applicant shall be entitled to receive a certificate.

Note.—This seems to make no provision for physicians licensed in any foreign country as Canada, Germany, England or France.

Section 14 provides for the suspension or revocation of certificates, and the language is almost identical with Section 11 of the present law, except that the present law provides for revocation of certificates, while the new act provides for suspension not exceeding one year as well as revocation and adds four new kinds of unprofessional conduct. These are:

"8th. The use by a practitioner of a fictitious name or any name other than his own.

"9th. For a drugless practitioner to use drugs or surgery.

"10th. Advertising, announceing or stating directly, indirectly or in substance by any card, sign, newspaper, advertisement or other written or printed sign or advertisement that the holder of such certificate or any other person, company, association by which he is employed, or in whose service he is will cure or attempt to cure, or will treat any venereal disease, or will cure or attempt to cure or treat any person or persons for any sexual disease, for lost manhood, sexual weakness or sexual desire; or being employed by or being in the service of any person, firm, association or corporation so advertising, announcing or stating.

11th. The use by a drugless practitioner of the letters M. D. or the words 'Doctor of Medicine' and the term 'physician or surgeon.'

Sections 15 and 16 are a re-enactment of Sections 9 and 10 of the present act relating to filing a certificate with the county clerk in the county where the practitioner practices.

Section 17 is a re-enactment, with some changes, of Section 13 of the present law, defining violations of the act. This section makes it a misdemeanor, punishable by a fine of from $100 to $600, and by imprisonment from sixty to eighty days or both for "any person who shall practice or attempt to practice, or who advertises or holds himself out as practicing any system or mode of treating the sick or afflicted in this state, or who shall diagnose, treat, operate for, or prescribe for, any disease, injury, deformity, or cure mental or physical conditions of any person without having at the time of so doing a valid, unrevoked certificate as provided in this act," or who shall use the word Dr. or the letters "M. D."

Section 18 is a re-casting of Section 13A in the present law, making it a misdemeanor to barter or sell or fraudently use or alter certificates, diplomas or anything of that sort. Or to make false statements in applications for examination or license. It requires every person engaged in the treatment of the sick or afflicted to display in his office the name of each and every person who is associated with, or employed by him, in the practice of medicine and surgery, etc.

Section 19 makes it a felony to record the certificate of another as his own. It is a re-enactment of Section 14 of the present law.

Section 20 is a re-enactment of Section 15 of the present law, making it a misdemeanor to impersonate a member of the Board of Medical Examiners.

Section 21 validates all unrevoked certificates issued under any previous medical practice act.

Section 22 is a re-enactment of Section 17 of the present law, stating what things this act shall not be construed as applying to. The last sentence of the Section is re-casted without, so far as I can see, any essential change.

Section 23 repeals the present Medical Practice Act.

NEWS ITEMS.

ARKANSAS.

At the meeting of the Arkansas State Homœopathic Society at the Hotel Marion, May 13th, there were several interesting technical papers read and discussed, and the following officers were elected:

President, W. B. Hughes, Little Rock.

Vice-President, V. A. Haliman, Hot Springs.

Treasurer, Geo. M. Love, Rogers.

Secretary, Eleanor Lovejoy Meng, Little Rock.

Resolutions were adopted in memory of Dr. W. E. Green, who was the first president and constant supporter of the organization. The resolutions declare in part:

"We mourn for one who, because of his broad and varied talents, attained unusual skill and distinction and because of this marked ability added dignity and strength to any association. We are saddened by the absence of Dr. Green, not only because we miss his illuminating influence on scientific topics, but particularly because of his humanity, his genial good fellowship and liberality."

ILLINOIS.

Dr. J. B. S. King, of Chicago, has been placed on the board of the National League for Medical Freedom. The work of this league in opposing the inimical legislation of the A. M. A. has been most successful, and the league is deserving the support and co-operation of all homœopathic physicians and all our societies. We understand that the Hon. C. W. Miller, of Iowa, a member of the league board, worked very effectively in the matter of re-establishing the homœopathic department of the University of Iowa.

Hahnemann College held its graduating exercises May 29. There were thirty-one graduates. Dr. T. A. McCann, of Dayton, Ohio, made the principal address.

INDIANA.

The forty-seventh annual session of the Indiana Institute of Homœopathy held in Indianapolis was the best one we have enjoyed for a number of years, writes our correspondent. The papers presented were on live subjects and elicited much discussion. The attendance this year was greater than for two or three years past. There was genuine enthusiasm manifested in all the proceedings. The following were elected to membership: Dr. J. B. Talmage, Ladoga, Ind., 279-B, 1903; Dr. Archibald Brown, Rochester, Ind., 131, 1903; Dr. Frank P. Bitters (Kentucky School of Medicine, 1879—a recent convert to Homœopathy); Dr. Addison Michael, Noblesville, Ind., The Kentucky School of Medicine, 1891.

On Wednesday night, the 28th ult., in the palm room of the Claypool Hotel, Dr. H. F. Biggar, of Cleveland, gave us one of his characteristic talks on "The Homœopathic Needs of the Hour." This address was well received and his remarks were discussed—a sort of "round table" discussion by ten or a dozen members of the Institute.

Officers Indiana Institute, 1913:

Dr. C. A. Baldwin, Peru, Ind., president; Dr. W. H. Baker, Terre Haute, Ind., first vice-president; Dr. L. E. Bracken, Columbia, Ind., second vice-president; Dr. A. A. Ogle, Indianapolis, Ind., secretary; Dr. J. S. Slabaugh, Nappanee, Ind., treasurer.

IOWA.

The forty-fourth annual session of the Iowa Hahnemannian Society opened in Des Moines May 20th, President E. G. Linn in the chair. Governor Clarke delivered a brief address of welcome. The program was excellent and the attendance good. The banquet was a pronounced success. Dr. B. F. Bailey, of Lincoln, was the principal speaker. The recent victory in the State University received much attention. The officers elected were the following:

President, E. E. Richardson, M. D., Webster City; first vice-president, F. T. Titzell, M. D., Iowa City; second vice-president, C. H. Ihle, M. D., Kleghorn; secretary, G. A. Huntoon, M. D., Des Moines; treasurer, M. A. Royal, M. D., Des Moines.

Dr. G. A. Huntoon was nominated for the State Board of Health.

The next place of meeting will be Iowa City. The press notices of the convention were especially voluminous and comprehensive. The Institute should find out the name of Iowa's press agent.

The Alumni Association of the College of Homœopathic Medicine of the State University are: Lester A. Royal, M. D., West Liberty, president; Dr. George Mosby, Waukon, vice-president; Alice I. Ross, M. D., of Whittier, secretary. The Association requested the Dean to recommend the names of Drs. J. W. Cogswell,

W. L. Bywater and F. T. Titzell for the Chairs of Obstetrics, Ophthalmology, Otology and Laryngology and Surgery as professors for the three newly established chairs.

Dr. George Royal has a new five-passenger Model T. Ford touring car. We know he will enjoy the same and he shows his wisdom in his selection of a good car.

Dr. Leora Johnson, formerly of the Iowa Homœopathic College Faculty, presented her valuable collection of curios to the Iowa City High School.

KENTUCKY.

The twenty-eighth session of the Kentucky State Homœopathic Society was opened on May 20th. Dr. J. S. Lehman, of Midway, occupied the president's chair.

The officers for 1914 are the following: Dr. T. H. Hollinshead, Louisville, president; Dr. Mary E. Hopkins, Louisville, vice-president; Dr. H. P. Fischbach, Newport, secretary; Dr. W. C. Hayden, Wallonia, treasurer.

The next meeting will be held at Lexington. The banquet was an enjoyable feature, with Dr. Geo. S. Coon as toastmaster.

LOUISIANA.

New Orleans is out for the Institute meeting in 1914. It is time the South had a meeting of this body and the crescent city is the logical point.

MICHIGAN.

Dr. S. F. Chase, of Caro, has returned to practice devoting only a few hours each day thereto.

The graduating exercises of the Homœopathic College of the University occurred June 26th, fifteen graduates received the diploma of the University.

MISSOURI.

Kansas City Hahnemann College held its twenty-fourth annual commencement and banquet on May 22d. The following received diplomas: Drs. Bert Anderson, H. C. Babcock, Iva L. Boslough, F. A. Marcy, V. R. Parker, W. L. Post, G. H. Ross and A. J. Springfield.

The following officers were elected for 1914: Dr. Moses H. Runnels, dean; Dr. S. H. Snow, registrar.

Drs. Brady and Ottofy, of St. Louis, appeared at a public hearing on the bill for reorganization of the hospital board and argued for representation of the homœopathic school. Dr. Paul R. Fletcher is a member of the Legislative Committee of the City Council and it is expected that we shall have just representation. There are one or two on the hospital staff at present, but they are far from representative homœopaths. As Dr. Ottofy expressed it, one of them is about "one-tenth homœopath and a small tenth at that." It is time that our hospital staffs were trimmed of all small limbs who have no use for Homœopathy, yet pretend to represent our school. With men like Brady, Ottofy, Fletcher and Parsons on the St. Louis Hospital Staff and a proper allotment of the cases the hospital service of St. Louis would be improved.

MISSISSIPPI.

Natchez is a good location for some good homœopath desiring a change of location. The death of Dr. French, brother of Dr. M. R. French, of Boericke & Tafel's Chicago branch, leaves the city without a homœopathic physician.

MINNESOTA.

The Minnesota State Homœopathic Institute met in St. Paul on May 20, President A. E. Booth, of Minneapolis, in the chair.

The officers elected for 1914 are Dr. A. L. Williams Slayton, president; Dr. A. G. Ahrens, St. Paul, and Dr. G. R. Matclan, vice-presidents; Dr. Ethel E. Hurd, Minneapolis, secretary, and Dr. Margaret Koch, Minneapolis, treasurer.

Dr. T. H. Boyer, of Duluth, gave a talk to mothers on the features of infant welfare, from a homœopathic standpoint, at a series of advisory lectures given recently in this city.

NEW YORK.

Dr. A. B. Norton left on June 19 for a trip to Australia, New Zealand and the South Sea Islands, and will return on October 5th. Dr. Calvin E. Williams will be in Dr. Norton's office during his absence.

The commencement exercises of the New York Homœopathic College were held May 28th. The number of graduates was forty-four.

PENNSYLVANIA.

Thirty-one members of the graduating class of Hahnemann Medical College and Hospital became accredited physicians on Thursday, June 5th, when degrees in medicine and homœopathic medicine were conferred at the conclusion of the sixty-fifth commencement exercises in the Garrick Theatre at noon.

The Hahnemann graduates were the first of nearly 400 young men and women who were sent out from the six medical colleges of this city. Graduates of the various local medical institutions are leaders among the physicians and surgeons everywhere, and the Hahnemann College is well represented by its prominent alumni. The present class includes many from distant parts of this country, who will return to their homes to practice. Others will go abroad for further specialization and experience.

Elaborate commencement exercises marked this sixty-fifth graduation ceremony, the faculty, the trustees, as well as the graduates themselves, occupying the platform in academic garb. The musical program was an impressive feature of the occasion.

Ellis Ames Ballard was the orator of the occasion. The degrees were presented by a representative of the Board of Trustees. Dean William B. Van Lennep presided.

In the afternoon the annual meeting of the Alumni Association and the election of officers was held. The various departments of the hospital and college were open for inspection, and the commencement guests visited the buildings. The Alumni reunion dinner was held in the evening at the Bellevue-Stratford.

FOUR SCHOLARSHIPS PROMISED BY UNKNOWN DONORS.

One thousand dollars was contributed on Monday, May 5th, to the general endowment fund of the Hahnemann College and Hospital by a woman whose name was not made public. Four scholarships were also promised by two donors who desired that their names should not be published. The value of each scholarship was said to be $400.

The gift of a Draeger pulmotor to the hospital by Walter E. Hering, for resuscitation and asphyxiated patients, was acknowledged with thanks by the meeting. Similar action was taken concerning an automobile ambulance donated by Mrs. George C. Thomas. Trustees whose terms had expired were re-elected, and Walter E. Hering was named as the successor of the late George Burnham, for many years a member of the board.

HAHNEMANN NEEDS MONEY.

Need for more money for the maintenance of the Hahnemann Hospital and Medical College was shown when the financial report of the institution was read before the annual meeting of the Board of Trustees and contributors held on Monday, May 5th, showed a deficit of $12.000 for the fiscal year just completed. The college also needs $700,000 for improvements and additions.

The following trustees were re-elected: Charles P. Perkins, William C. Foulke, Harry S. Hopp, Dr. Augustus Korndoerfer and Dr. Wm. B. Van Lennep. To fill the vacancy caused by the death of George Burnham, Sr., Walter E. Hering was chosen as a member of the Board of Trustees. The reports of the different committees showed that, excepting the great need of money, the institution made considerable progress during the last year. Within the last three months contributions amounting to $21,000, including scholarships, were received. There were no changes made in the medical or executive staffs excepting the new internes picked for the hospital upon their graduation this June.

HOMŒOPATHIC OF READING $6,436 SHORT.

The captains of the Homœopathic Hospital $50,000 campaigns announced at the meeting on Tuesday evening, May 13th, that a total of $43,563.66 had been subscribed, including $2.850 provisionally, leaving a balance of $6,436.34 to be collected. The campaign will be continued.

The captains made these reports: S. S. Schweriner and J. W. Essig, $1,257.25; H. J. Dunn, $300; M. L. Wilkinson. $155; W. W. Bausher, $223.25 and 1,000 loaves of bread; C. Mill, $150; W. W. Light, $125; lady managers, $100; Executive Committee, $831.99, of which $500 was by the American Iron and Steel Company.

Employes of O'Reilly and Biatt Foundry, $31; employes of Carpenter Steel Works, $142; employes of Textile Machine Works, $138.25. Professor Warren P. Teel presided at the meeting.

The secretary of the campaign was discharged Tuesday evening and left for Pittsburgh, where she will conduct a campaign.

SMALLER HOSPITAL GRANTS REPORTED.

The greatest dissatisfaction is expressed by friends of big charitable and semi-charitable institutions over the cuts already made and proposed by the House Committee on Appropriations. This committee, under the control of the administration, is making the usual large appropriations to the small institutions, while some large ones will receive much less than two years ago.

The House Committee reduced the request of the Medico-Chirurgical Hospital, in Philadelphia, from $290,000 to $180,000, while Hahnemann received $140,000, the exact amount requested.

The committee, acting under instructions of the Governor, will not report out the appropriations for the University of Pennsylvania, State College and the University of Pittsburgh until the Senate has acted upon the utility commission and the workingmen's compensation bills.

In the bills reported on Wednesday, May 21st, the appropriations for Philadelphia institutions, as compared with what they received two years ago, were:

	Reported.	*Given Two Years Ago.*
Women's Homœopathic	$ 40,000	$ 30,000
St. Joseph's	80,000	60,000
St. Mary's	50,000	40,000
Medico-Chi	180,000	250,000
West Philadelphia Gen. Homœopathic	21,000	16,000
Rush	60,000	50,000
Women's	70,000	45,000
Mercy Hospital	12,000	.....
Mount Sinai	65,000	45,000
Wills Eye	35,000	25,000
Northeastern	2,000	.....
Stetson	5,000	.....
Howard	20,000	14,000
Hahnemann	140,000	120,000

NEW HOSPITAL STAFF NAMED.

The Board of Managers of the Chester County Homœopathic Hospital held a meeting on Tuesday evening, May 13th, at the home of Miss Sarah Bailey, on North Church street, at which several committees were appointed and other matters concerning the new hospital considered.

Members of the board present were: George W. Conway, president; George K. McFarland, treasurer; Horace F. Temple, secretary pro tem.; Miss Frances E. Zook, of Downingtown; Miss Sarah Bailey; W. K. Biles, of Downingtown; Edward F. Bracken, of Paoli; J. F. Taylor, C. P. Faucett and Dr. S. A. Mullin, chief of the staff.

The medical and surgical staff for the coming year was appointed by Dr. B. A. Mullin as follows: Dr. Morris Hughes, Dr. A. W. Gregg, of Kennett Square; Dr. C. E. Winsmore, Downingtown; Dr. W. L. Hamilton, Malvern; Dr. M. W. Mercer, Downingtown; Dr.

J. O. Dicks, Dr. C. R. Palmer, Dr. S. L. Barber and Dr. Levi Hoopes.

Consulting physicians: Dr. H. L. Northrop, Dr. Warren C. Mercer, Dr. G. Harlan Wells, Dr. W. H. Hammond and Dr. Wm. M. Speakman, Dr. O. G. Haines, Dr. Fred. W. Smith, Dr. Chas. M. Thomas, Dr. Augustus Korndoerfer, Dr. Ralph Bernstein, Dr. John T. Tuller, Dr. L. T. Ashcraft, all of Philadelphia.

Superintendent of Nurses, Miss Mary C. Davies. The president, George W. Conway, appointed the following Committee on Nurses' Training School: From the Board of Managers, Miss Sarah H. Bailey, Horace F. Temple, Edward F. Bracken; from the medical staff, Drs. Hamilton, Hughes and Palmer; representing the County Auxiliary, Mrs. G. K. McFarland.

PERSONALS.

Mr. and Mrs. William Henry Warrin announce the marriage of their daughter, Gertrude Kimber, to Dr. Howard Leslie Fry on Wednesday, the fourth of June, nineteen hundred and thirteen, at seven o'clock, at Epiphany Chapel, Seventeenth and Summer streets, Philadelphia. At home after the first of July at 3509 Baring street, Philadelphia.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting on Thursday evening, May 8th, 1913, at 8:30 o'clock, in the Elkins Memorial Clinical Amphitheatre. The scientific program consisted of the following: "Spinal Anæsthesia," practical demonstration, W. Wayne Babcock, M. D.; "Practical Illustrations of the Ionic or Electrochemical Treatment of Cancer," G. Betton Massey, M. D. The nomination of officers for the ensuing year took place at this meeting, which was well attended.

WM. M. SYLVIS, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard Avenue, on Monday, the nineteenth of May, 1913, at nine o'clock in the evening. Dr. Wm. M. Hunsicker read a paper on "Two Years' Experience With Salvarsan in the Treatment of Two Hundred and Fifty Cases," which was very ably presented, and proved to be an interesting feature of the occasion.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College on Saturday evening, May 17th, 1913, at 8:30 o'clock. Some interesting papers read were as follows: "Plastic Bronchitis," J. G. Wurtz, M. D.; "Pneumonia and Its Complications in Childhood," C. S. Raue, M. D.; "Benzol Treatment in Leukæmia," S. W. Sappington, M. D.; "Large Sarcoma of Forearm," E. B. Guie, M. D. The meeting proved to be a very interesting one and was well attended.

BENJ. K. FLETCHER, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Tuesday evening, May 27th, 1913, at 9 P. M. at the office of Dr. G. Harlan Wells, 1807 Chestnut street. "Radiograph in Internal Diagnosis" was heartily discussed at this meeting. There was a large attendance of members and an enjoyable time was had by all present.

PERCY A. TINDALL, M. D., *Sec'y.*

The Homœopathic Medical Society of the Twenty-third Ward of Philadelphia held its regular monthly meeting at "Wyndham," Ambler, Pa., on Wednesday, May 21st, 1913, at 3 P. M. Some very interesting papers were presented for discussion, after which dinner was served. A very enjoyable time was had by those present, the members being the guests of Dr. Samuel Sleath.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Lydia B. Pierce, 5661 Beacon street, Pittsburgh, on Thursday, June 5th, 1913, at 8 P. M.

WISCONSIN.

The forty-ninth annual session of the Wisconsin Homœopathic State Society was held at Fond du Lac. Dr. Minnie M. Hopkins, of Oconto, occupied the president's chair.

The officers elected for 1914 are: Dr. W. N. Linn, of Oshkosh, president; Dr. F. T. Clark, Waupun, vice-president; Dr. B. P. Nair, Fort Atkinson, secretary, and Dr. F. E. Brown, Milwaukee, treasurer.

The banquet was a special feature. Among the speakers were President W. B. Hinsdale, of the American Institute of Homœopathy; Dr. H. V. Halbert, of Chicago; President Minnie M. Hopkins, of the Society, and Dr. C. D. Collins, of Chicago.

The 1914 session will be held in Milwaukee.

Drs. Hopkins and F. E. Brown, of Milwaukee, were appointed delegates to the American Institute of Homœopathy at the Denver meeting.

OBITUARY.

Dr. Benjamin Barr.

Burlington, N. J., May 5, æt. 85. Homœopathic Medical College, Pa., 1855.

Dr. Fred'k L. Preston.

Chester, Pa., April 21, æt. 70. Hahnemann Medical College, Phila., 1877.

Dr. Carl Faber.

Steger, Ill., April 26, Chicago Homœopathic College, 1879.

Dr. Geo. R. Sanborn.

New Haven, Vt., April 22, æt. 86. Dr. Sanborn graduated in 1850 from the Berkshire Medical College, Pittsfield, Mass., and practiced Homœopathy for over a half century.

Dr. William Ray Inghram.

Tucson, Ariz., May 6, æt. 35. Hahnemann Medical College, Philadelphia, 1906.

Dr. Eugene F. Hoyt.

New York, May 25, æt. 67. Hahnemann Medical College, Pa., 1870.